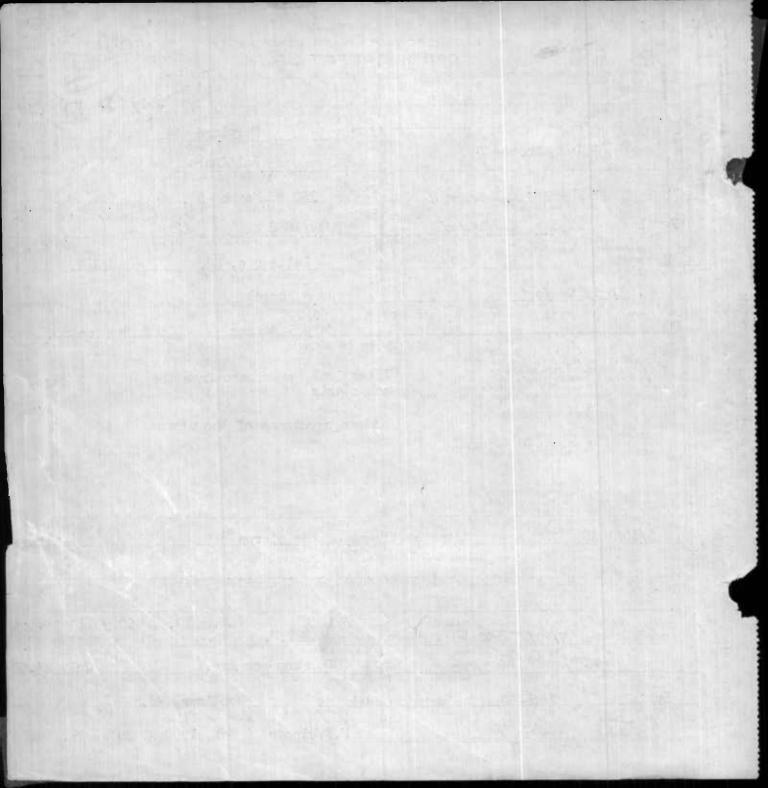
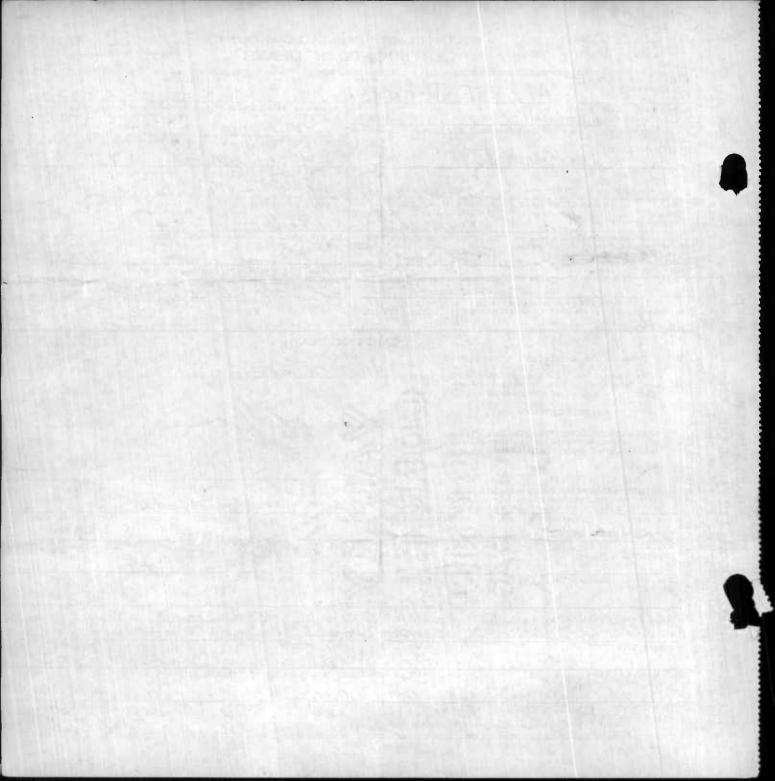
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PLEASE WRITE PLANALY, WITH UNFADING INK. Every item of information should be as ally sunning The	correct age is especially important. Physicians: please write the causes of death clearly and legily.
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PLEA	correct

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

E	IRTH NO.	6501			E OF DEATH	Registere	d No. 6501
1 ('	NAME OF Drype or Print)		E E. WA	DIMED		2. DATE OF	
	. PLACE OF D . Baltimore (	City, Maryland			4. USUAL RESIDENCE	DEATH Where deceased lived B. COUNTY	If institution; residence
H	FULL NAME OSPITAL OR NSTITUTION	250 N. Mon		tion, give street address or location)		If outside corporate li	mits, write RURAL and give township)
	Length of s	tay in Baltimore		Life Yrs. Mos. Days	D. STREET ADDRESS ()	f rural, give location)	
	Female	6.COLOR OR RACE	Wido	E. MARRIED, VED, DIVORCED (Specify) Wed	6/12/1888 ·	9. AGE (In years last birthday)	Months Days Hours Min.
# 01	Housewi B. FATHER'S			OF BUSINESS OR INDUSTRY home	Baltimore, 14. MOTHER'S MAIDEN 1	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	L	ouis C Vogt			Anna Noegel		o w
(Y	NO NAS DECEASE	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mary I Warner		ADDRESS Monroe St.
RTIFICATION	(This does heart failu injury or DISEASES RISE TO T	EE OR CONDITION LEADING TO DEA- not mean the mode of re, asthenia, etc. It mea complication which of the complication which of the complication which of the complication which of the complication which complication which complication which complication complication is consistent with the complication of the complication of the complication is consistent with the complication of the complete com	FANY, GIVING TEATING	DUE TO Metas	tinal hemorrhage tasis		2 days.
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
	19A. DATE O	F OPERATION 1	B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
EDICA	21A. ACCIDE	NT. SUICIDE. (Specify)	218. PLA	deno carcinoma CE OF INJURY (e. g., io arm, factory, street, office bldg., e	of the uterus or 21c. WHERE DID injury occur?	(If in Baltimore City	, give exact location)
M	21d. TIME ( OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJUR	Y OCCUR?	
	22. I hereby deceased al	ive on 1/23/	ended the	and that death occur	6/19/8 , 19 , to J red at 8 P.Mr., from 1 38. ADDRESS	uly 23, , 195	the date stated above.
24	IA. BURIAL, C	REMA- ZAB. DATE	lugar		3030 Edmondson Av		July 24,50
TIC	Burial ATE RECEIVED CAL REGISTE U 26 19	7/26/	50	Lorraine Park RE		odlawn, Md.	ADDRESS
	VS 150	4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			





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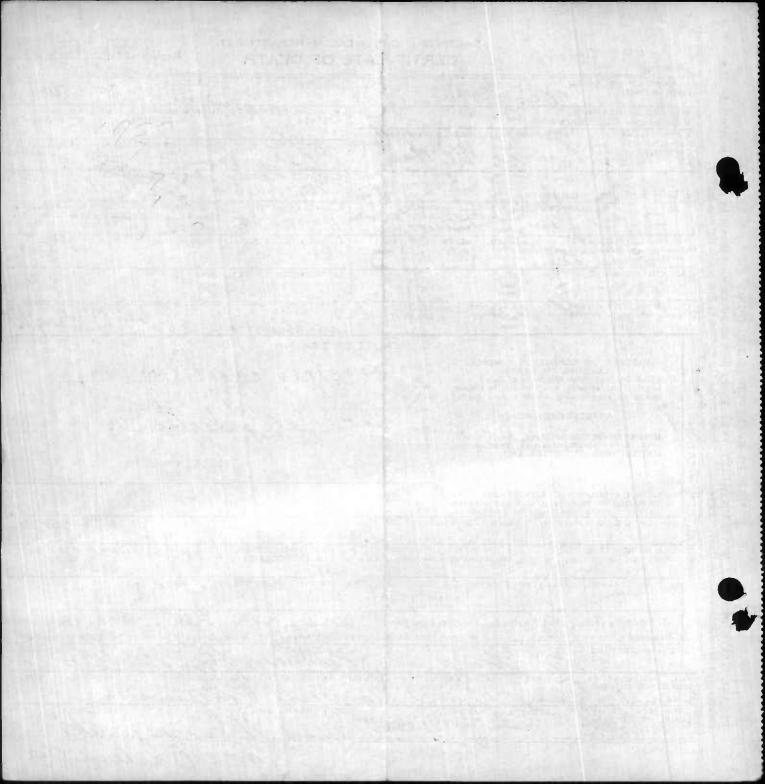
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### BALTIMORE CITY HEALTH DEPARTMENT

Registered No	6503
registered into-	

BIRTH NO.	0000	CI	RTIFICAT	E OF DEATH	Registered	TAYU.
1. NAME OF I (Type or Print)		Mary	Dix		2. DATE OF DEATH	25 - 50
	City, Maryland	J		4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institution: residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	Bon Secov	1.	. lecation)	C. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and giv township
c Length of	stay in Baltimore		Yrs. Mos.	D. STREET ADDRESS	(If rupal, give location)	Mal.
5. SEX	6. COLOR OR RACE		DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year H Under 24 Hours Months Days Hours Min.
work done during most	CCUPATION (Give kind of tof working life, even if retired	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	1	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S				14. MOTHER'S MAIDEN	NAME	
15. WAS DECEAS	SED EVER IN U. S. ARME (If yee, give war or dat	D FORCES? 16	S. SOCIAL SECURITY NO.	17 INFORMANT	Sin 30	SAPERES Saugh
(This doe heart fail injury or	ASE OR CONDITION LEADING TO DEA so not mean the mode ure, asthenia, etc. It me r complication which ANTECEDENT CAU ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION L	of dying, e.g., ans the disease, caused death.)  SES  IF ANY, GIVING O STATING THE	(A) DUE TO  (B) HIII  DUE TO	rebral em ricular f	bolism. by: Batiz	ONSET AND DEATH
W TRIBUTIN	II SIGNIFICANT CONE IG TO THE DEATH, BUT DISEASE OR CONDITIO	NOT RELATED	_(C)			
19A. DATE	OF OPERATION	198. MAJOR FI	NDINGS OF OPER	RATION		20. AUTOPSY?
HOMICIDE	ENT, SUICIDE, (Specify)		OF INJURY (e. g., i factory, street, office bldg.,		(If in Baltimore City	, give exact location)
21D. TIME OF INJURY	(Month) (Day) (Year	) (Hour) 21E. WHIL			JRY OCCUR?	
22. I herel	by certify that I at alive on 1-25	tended the dec		6-3, 1950, to rred at 12.05 m., from		that I last saw the
23A, SIGNA	1	iazza	M. D. 2	SON SOLGUPS	Hospital.	23c DATE SIGNED
24A. BURIAL, THON, REMOVAL ( DUTEA DATE RECEIVE LOCAL REGIST	Tuly PEGISTAR	29/30 S SYCHATURE	NAME OF COMETE		alline	vn, or county) (State)
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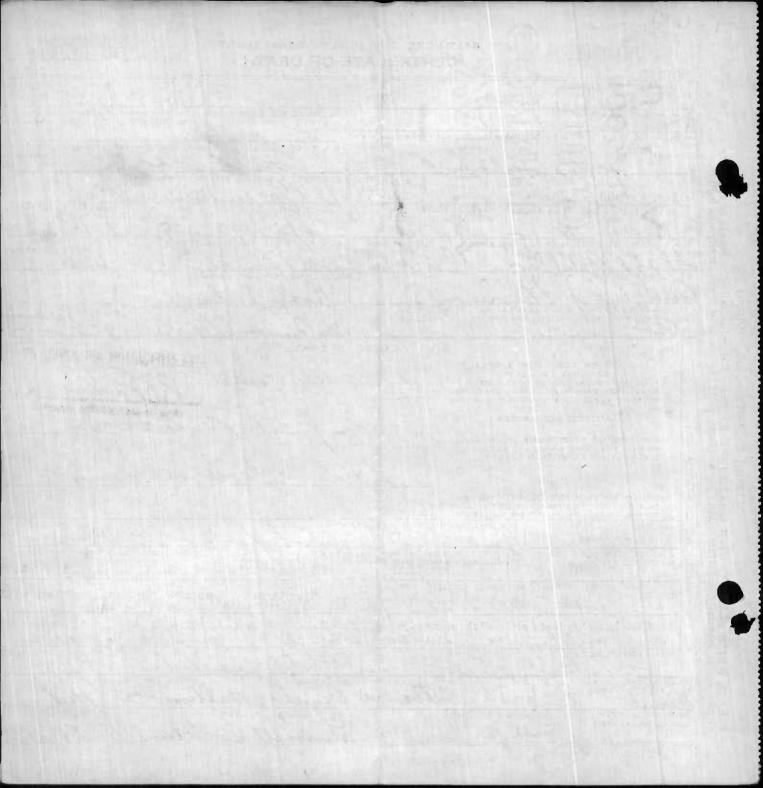


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## BALTIMORE CITY HEALTH DEPARTMENT

Registered	50	6504	
registered	240,		

	BIRTH NO.	E OF DEATH	Registered No.
11=	1. NAME OF DECEASED		2. DATE
	(Type or Print)	•	OF DEATH 7-74/50
-	WILLIAM HACTISON	4. USUAL RESIDENCE (W	here deceased lived. If institution: residence
	A. Baltimore City, Maryland	A. STATE	B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or location)	may fand	
	HOSPITAL OR location)	C. CITY OR TOWN (If	outside corporate limits, write RURAL and give township)
3 1	St. goells hortes	Balles	norl
	5 8 Yrs.	D. STREET ADDRESS (If r	ural, give location
100	c. Length of stay in Baltimore  Mos.   Days	927 yor such	alue 1-00
3   =	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years   M Under 1 Year   M Under 24 Hours
2	WIDOWED, DIVORCED (Specify)	121: 1860	last birthday) Months Days Hours Min.
3  -	10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)   12. CITIZEN OF
W CO	ork confluring most of orking life everify tired)	12 16.	WHAT COUNTRY?
5 =	There & Melas Worker, Shus & Melas M.	frallen re	M. 134.
3	13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME
2 1	Indrew J. Francism	Nose E. E.	a can
	15. WAS DECEASED EVER IN M. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) ((15ee, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS Con Angele
9	Yes, no or unknown) ([See, give war or dates of service) SECURITY NO.	Mr. Amie &	Harris ag & men
-	-/	HAR INGALLE O.	INTERVAL BETWEEN
2	18. 5,6 1.0 999,0 CAUSE	OF DEATH	CERTIFICATION APPROVED BYATH
2	DISEASE OR CONDITION DIRECTLY	1. n	GERIIFICATION AT THE
3	(This does not mean the mode of dying, e.g., (A)	allalle	0.21
3	heart failure, asthonia, etc. It means the disease, injury, or complication which caused death.)		M.D.
×		_	EMMA-ON ASST. MED MA EXAMINER.
v .	ANTECEDENT CAUSES	a cal fin	entherica.
20 6	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO	and the second second	
ā, j	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	//	
2		+ · · / /	
e i	(c) /54 /st	Menson, auch	Melesarder Con
Fnysicians	OTHER SIGNIFICANT CONDITIONS CON-		
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
<u>'</u>	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION /	20. AUTOPSY?
2 :	1/24/50 Que concernated en	minal them	YES NO
	21A. ACCIDENT SUICIDE. 21B. PLACE OF INJURY (e. g., is	per   21c. WHERE DID (I	in Baltimore City, give exact location)
important	HOMICIEE (Specify) about home, farm, factory, atreet, office bldg. (Hospital	St. Joseph's Ho	osp. 1400 N. Caroline St.
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR		
	OF INITIBY	Injustion of n	ontacaine supplemented with
	July 24, 1950 6:55 P m. WHILE AT NOT WHILE AT WORK	A   sodium pentoth	nal anesthesia.
i ci	22. I hereby certify that I attended the deceased from	124/50 19 to	7/24/2, 49 that I last saw the
Sp	deceased alive on 7/24/5 (19 , and that death occur	redat 10:30 m. from th	he causes and on the date stated above.
3		3B. ADDRESS	23c. DATE SIGNED
4	7. 4 Street pt. Keelaw M.D.	ST. Cally +	Kal tal 7/24/00.
200		RY OR CREMATORY   240. LA	OCATION (City, town, or county) / (State)
. 1	24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 7-28-50 Calledral	PITA	timore Wed
Lec.			ADDRESS
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. EUNERAL DIRECTOR	11. and a
9	Thurtington Williams M. R.	alenes W. Con	Men 9242. Eagenst
	4 157 6 195U 8 5 6 195		
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ADDRESS ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 1950 that I last saw the 1950, and that death occurred at 6:00 nm., from the couses and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS 477790 1

before admission)

If Under 1 Year

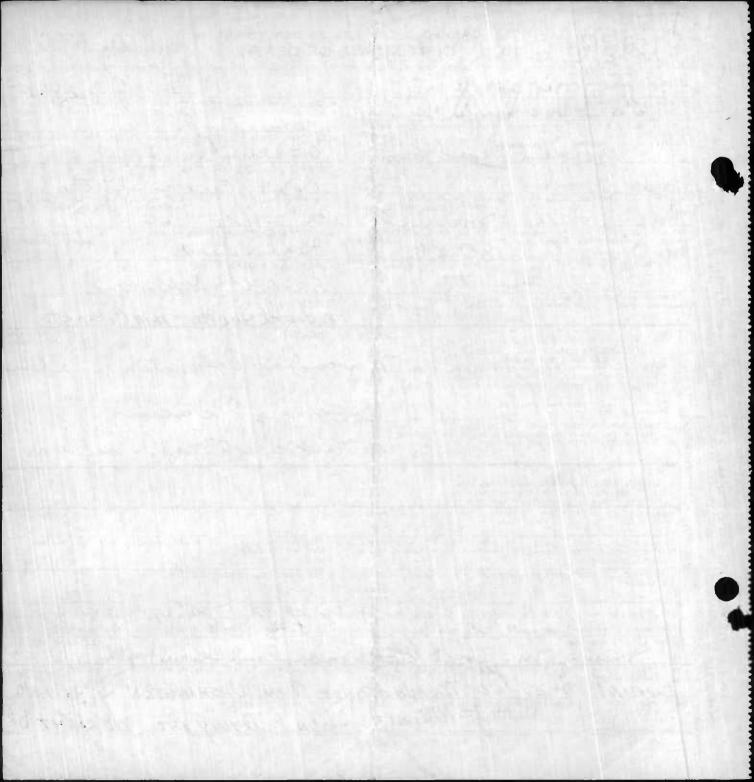
12. CITIZEN OF

township)

If Under 24 Hours

WHAT COUNTRY?

SERVICE AND STREET, ST **一场号与**上 The second of th Demotive Survey and and Pin Market Williams he Chapter 12 Agencies



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6507

1. NAME OF DECEASED (Type or Print) Mary, Addison.	OF DEATH JULY 23, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE	Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or Maryl	
INSTITUTION ACAD SI 1	If outside corporate limits, write RURAL and give township)
Yrs. D. STREET ADDRESS (I	
c. Length of stay in Baltimore 48 Years Mos. Days Hemeless	26-12
Female White Widowed Specify 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Aug. 31, 1864	9. AGE (In years of Under 1 Year of Under 24 Hours last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  Maryland	foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN I	NAME
John, Norfolk M	ery V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
	.H. 4940 Eastern Ave
OLUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	oschrosis
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. TOPSY?
	YES NO K
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING INJURY OCCUR?	(If in Baltimore City, give exact lation)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OF INJURY MORK NOT WHILE AT WORK	RY OCCUR?
22. I hereby certify that I attended the deceased from 9-19-49, 19, to deceased alive on 7-23-5, 9, and that death occurred at 3:13 MM from 23A. SIGNATURE	
M. Chogen M.D. 4940 Eastern	Ave: July 26-1950
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  7-76-50  24C. NAME OF CEMETERY OR CREMATORY 24D.  1104, REMOVAL (Specify)	City
LOCAL REGISTRAR 25. FUNERAL DIRECTOR	lelel & Son
VS 150	ind , soulff.

· THE TWO LETTERS TOTAL TE, ESECO-Torivota did chemicial eramidina de la compansa del compansa della compans Legabia atlant les les la da-25-th was Co-et-Letter in document file 50-6507-8/7/50.

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	PLEASE WRITE PL. LY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.	
	ld l	
	PLEASE WRITE PL. LY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legi	
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50 6508	50 6508
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Regist	ered No
1. NAME OF DECEASED (Type or Print)  IRMA & FOSTER  2. DATE OF DEATH	JULY 24, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	ived. If institution: residence
	te limits, write RURAL and give township)
Yrs. O. STREET ADDRESS (If rural, give locat	ion)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED   18 DATE OF BIRTH   10. m   9. AGE (In you	ears H Under I Year H Under 24 Hours Ay) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR WORK in life, even if retired)  Work for educing most of work in life, even if retired)  Bulla Business OR  INDUSTRY  Bulla Business OR  OR OF	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME H. Witchell Elifosbelle Lulau	1
(Yes, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. Elitabeth & Milch	U 5 29 8 Rlesoner
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	INTERVAL BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  ANTECEDENT CAUSES	olism (over)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
CO (C)  CO (C)	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	City, give exact location)
210. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURRED   21F, HOW DID INJURY OCCUR?   WHILE AT   NOT WHILE	
22. I hereby certify that I attended the deceased from 1950, to 319 24	, 1920, that I last saw the
deceased alive on July 24, 1950, and that death occurred at 11 m., from the causes and 23A. SIGNATURE 23B. ADDRESS 25B. AD	d on the date stated above.
24A. BURIAL, CREMA- TION REMOVAL (Specify) July 25/1450 Locy Bollema Balls	Buty mey
LOCAL REGISTRARY WILLIAMS & SIGNATURE 25. FUNERAL DIRECTOR WILLIAMS /	4 w S & hales H
JUL-26 1930	77)

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Macley & Authority D.D.

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Med Exam.

See Document File 50- 6508

1/8/1951 E. Steman

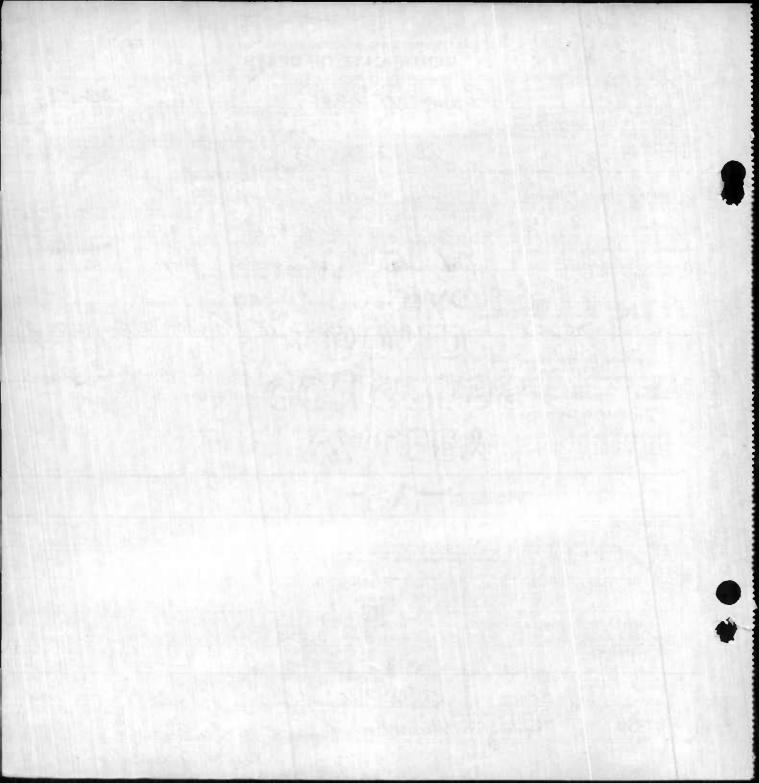
12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) , 1950, that I last saw the m. from the causes and on the date stated above, 28c. DATE SIGNED ADDRESS

before admission)

If Under 1 Year

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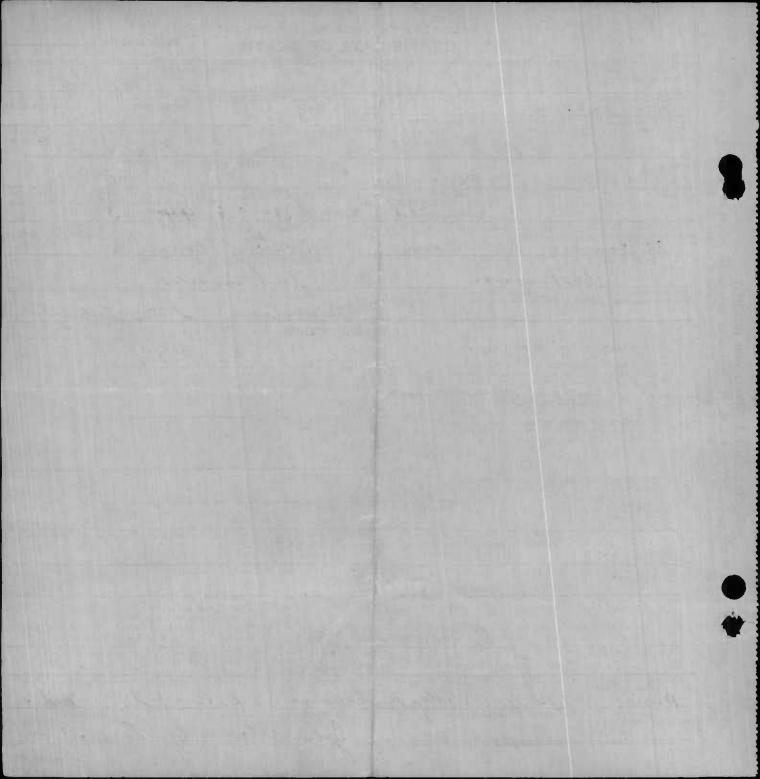
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Y	HEALTH	DEPA	R	TM	EN.

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	HRTH NO.			CERTIFI	CATE	OF DEAT	Н	Registe	red No	
1 1	. NAME OF D Type or Print)	ECEASED	0 1	1	M	oscato		2. DATE OF DEATH	7/23	/
A		City, Maryland	4-01			4. USUAL RESID	ENCE (Whe			tution: residence before admission)
H	OSPITAL OR	OF Of not in hospi	A -		11 11-	c. CITY OR TOWN	12	tside corporat	e limits, wr	rite RURAL and give
		NION	Temoni	/ /10:	Yrs. Mos.	D. STREET ADDR	ESS (If rur	ral, give locati	26	PA
-	Length of s	tay in Baltimore	WIDOWE	D. DIVORCED	(Specify)	B. DATE OF BIRTH		AGE (In yes	ars If Under	l Year It Oader 24 Hours Days Hours Min.
1 wor	k done during most	CUPATION (Give kind of working life, even if retired	108. KIND			II. BIRTHPLACE	State or fore	ign country)		CITIZEN OF WHAT COUNTRY
1	3. FATHER'S N	1/ 6		rone		14. MOTHER'S MA	NIDEN NAM	E		
1 (Y	5. WAS DECEASE	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT	·	iri,	ADDR	
	18. 4/2-	- /		CA	USE O	F DEATH	ne	29.	37 Eas	INTERVAL BETWEEN
ATION	heart failu injury or DISEASE:	not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU  S OR CONDITIONS. HE ABOVE CAUSE (AIVING CONDITION L	ans the disease, caused death.) SES IF ANY, GIVING STATING THE	DUE TO		- VA E				
RTIFICATION	TRIBUTING	II IGNIFICANT COND I TO THE OEATH, BUT	NOT RELATED	(C)						
L CE		F OPERATION	198, MAJOR F	INDINGS OF	OPERA	rion				20. AUTOPSY?
EDICA		NAL CAUSE WAS OR CONTRIBUTING DEATH.		E OF INJURY m,factory,street,of	(e. g., in c	21c. WHERE D INJURY OCCU		n Baltimore (	City, give o	exact location)
M	21D. TIME ( OF INJURY	Month) (Day) (Year	WH		COURRED T WHILE	21F. HOW DID	INJURY C	CCUR?		
	the evi	iy that I took char dence obtained by ath in my opinion	rge of the re	emains descr	ibed ab	nuirus find that	said dece	ased died a	on the do	ay stated above,
	23A. SIGNAT	Hoffn	Cins	Re		238 CHIEF ME ASSISTANT ME MEDICAL INVE	EDICAL EXA	AMINER	12/2	3/50
2   TI	4A. BURIAL. CON. REMOVAL (S	pecify) 7/27	150 /1	COLY R	eneter	OR CREMATORY	Bel.	ATION (City,	townfor co	pusty) (State)
Ü	ATE RECEIVED	AR REGISTRAR	S SIGNATUR	M/11:	2	S. FUNERAL DIR	Conne	lln.	Esse	ress
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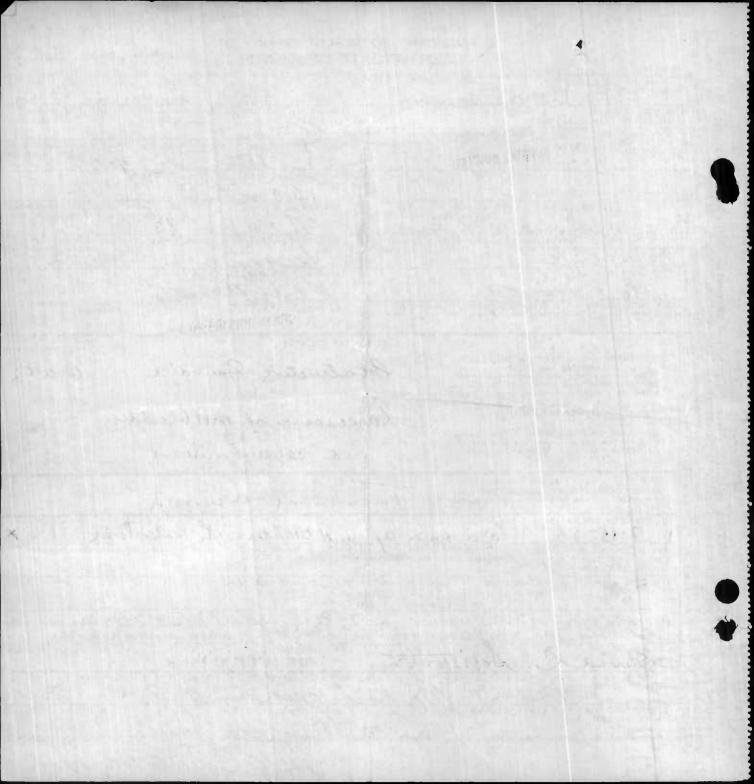


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S-31550 6511 BALTWORD CITY W	EALTH DEPARTMENT 50 6511
BALTIMORE CITY HI	***
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF ) A 72.10
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If inditution, residence
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
	C. CITY OR TOWN, (If outside corporate limits, write RURAL and give
INSTITUTION JOHNS NOTKINS HOSPITAL	Bultingen 1 7-04 township)
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore  Days  5. SEX   6. COLQR OR RACE   7. SINGLE, MARRIED.	1004 n. Dallas St.
Female Colored Widowed DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Under Veet Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of the business or the busine	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Urginia U.S.A
D. C. J. M.	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED ORGES?   16. SOCIAL	Besty Harvey
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS SOUNDS HOPKINS MOSUPES
18. / JJX , CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	structive faundice 6 w/s
injury or complication which caused death.) DUE TO	U ,
ANTECEDENT CAUSES	- Callela della
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	monus of gasero and
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	a carcuonatosis
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	menal Wremig
19A. DATE OF OPERATION # 1 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
7-15-56 Corcupus of San Accident Was under.  21a. Accident Was under.  LYING OR CONTRIBUTING about home, ferm, factory, street, office blds.	n or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bidged	INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from ?	-8 1950, to 7-23, 1950 that I last saw the
deceased alive on 7-33, 1950 and that death occur	
Savie C. Agristor Am. D.	1011 ADDRESS 23C. DATE SIGNED
	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR ADDRESS VS 150

REGISTRAR'S SIGNATURE



50 6512

Registered No. 2. DATE OF July 23 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence

before admission)

20. AUTOPSYT

NO X

(If outside corporate limits, write RURAL and give

B. COUNTY

D. STREET ADDRESS (If rural, give location) Washington Street

9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown ADDRESS

Mr. Wm.E. Stansbury, 543 N. Washington Street

INTERVAL BETWEEN ONSET AND DEATH

(If in Baltimore City, give exact location)

543 N. Washington Street 21F, HOW DID INJURY OCCUR?

Accidentally fell from 3rd floor window Inquiry & Inspection thercon and from

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes [], accident [2], suicide [], homicide [], undetermined []. 238, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED

ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR July 24. 1950

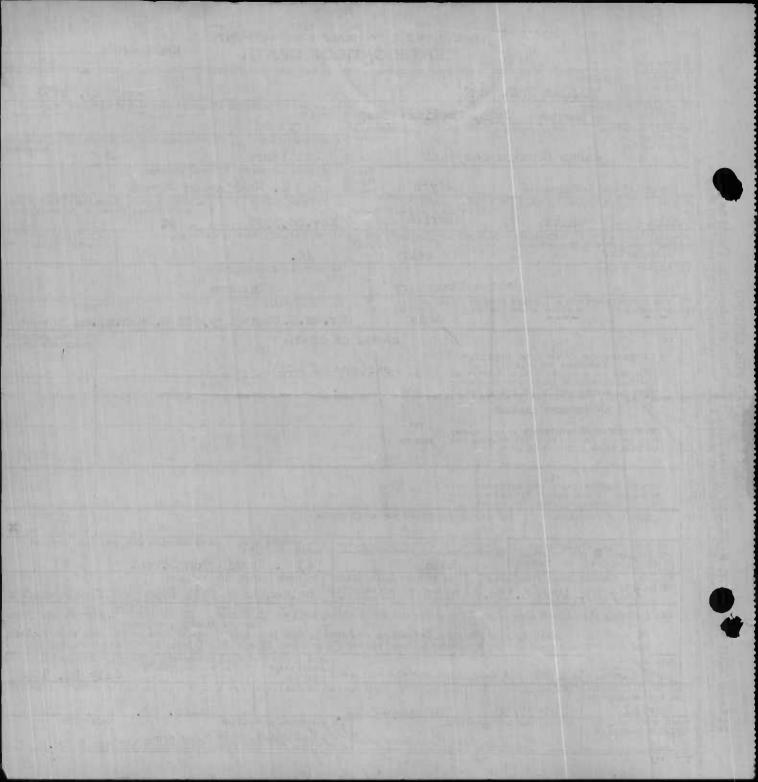
Balto. Md

ADDRESS wtiegton Williams, M 2024 Orleans St.

VS

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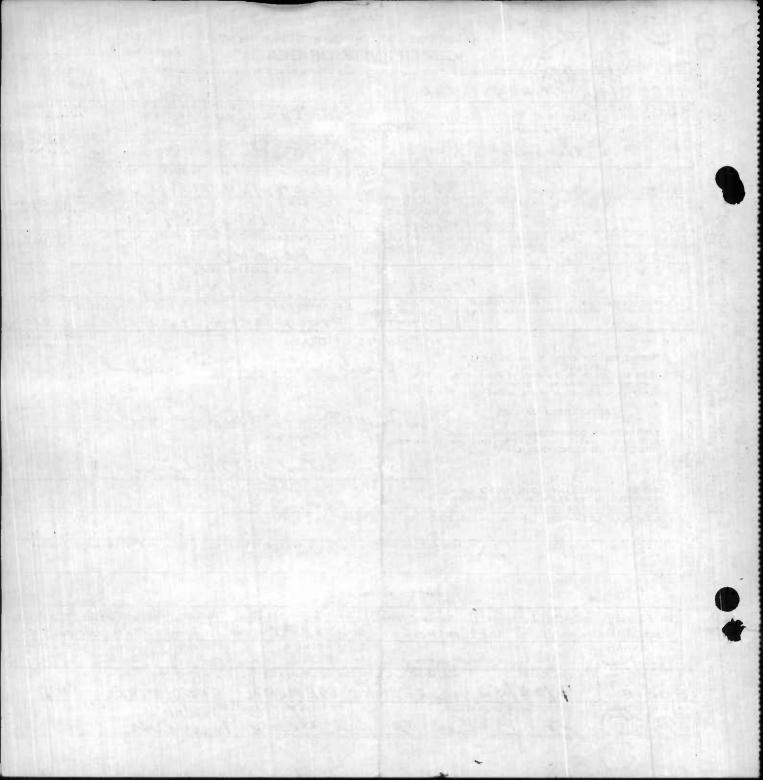


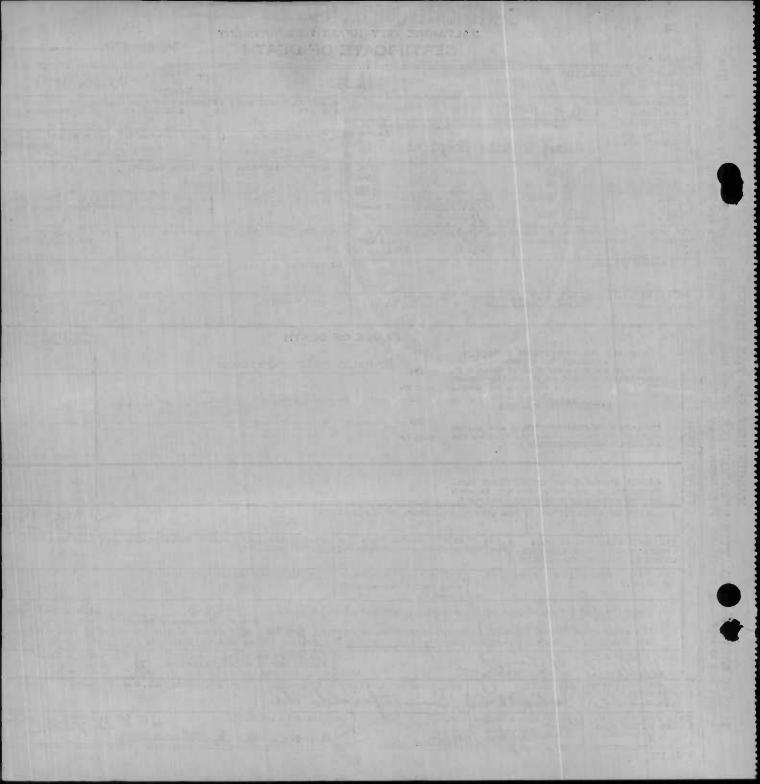
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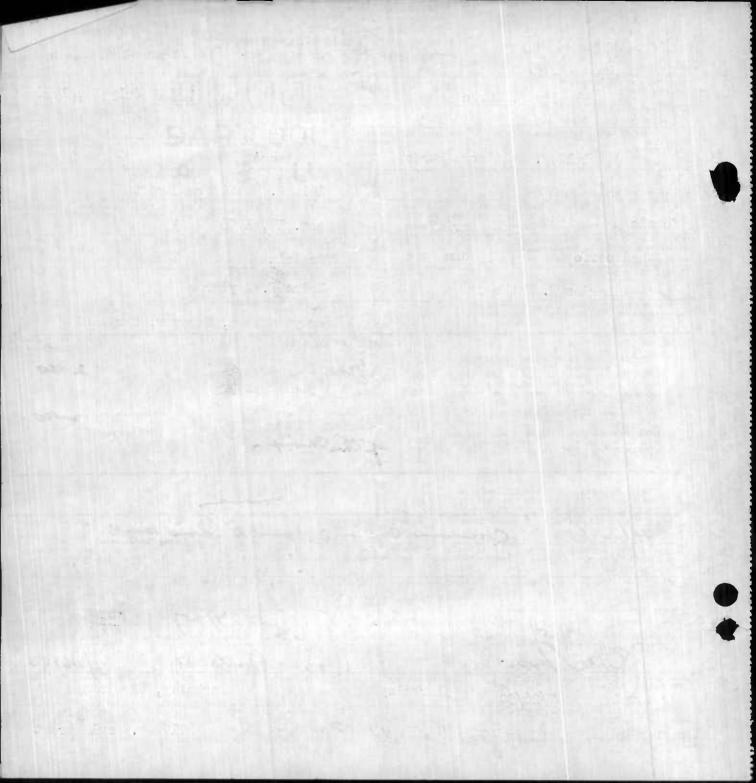
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

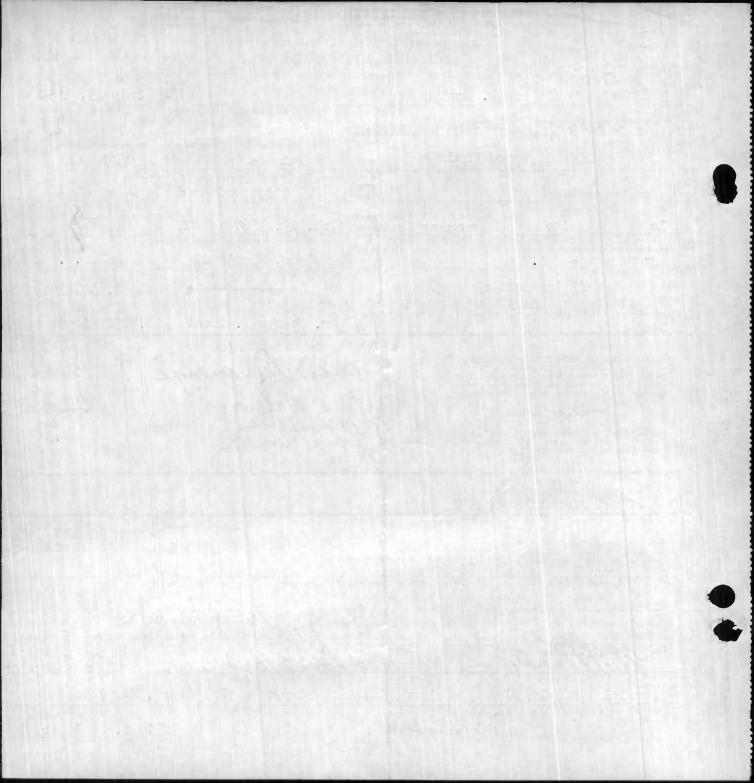
50 6513 Registered No.

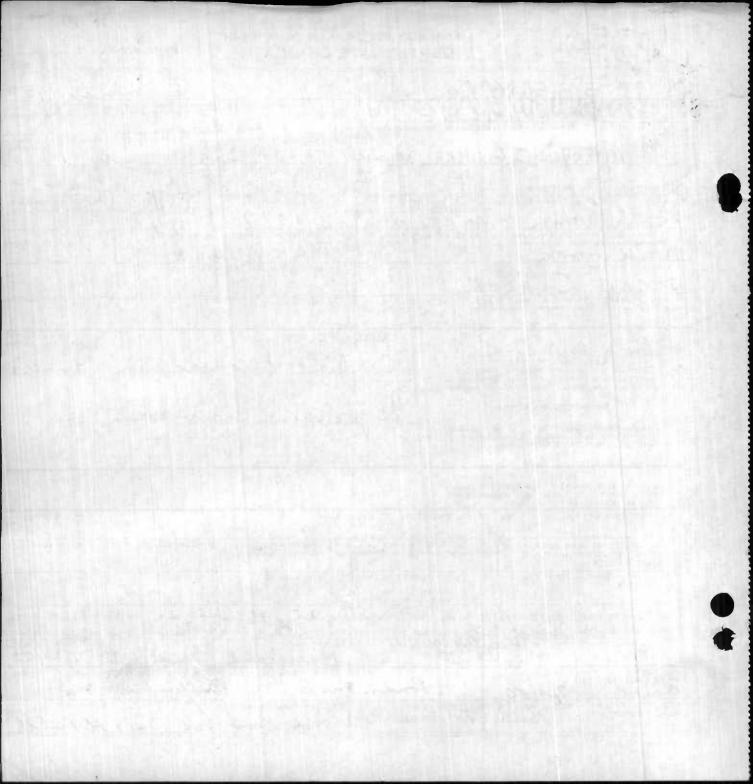
В	RTH NO.			CLIVIII ICAI	E OF DEATH	9	
	NAME OF DE	MRS. MAI	RY G	URA		2. DATE OF 7/25	7/50
3. A.	PLACE OF DE Baltimore C	ity, Maryland 🚩			A. STATE Mary	E (Where deceased lived, If ins	stitution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	2 of (If not in hospit		tion, give street address or location)		(If outside corporate limits, v	write RURAL and give
7	7 47 6 4	72.14		Yrs. Mos.		(If rural, give location)	
200	SEX SEX	tay in Baltimore 6.COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	VER C/RCL	der 1 Year   It Under 24 Hours
	F	W	MAI	VED, DIVORCED (Specify) $RRIED$	SEPT 5-189	2 Starthday Month	hs Days Hours Min.
1C wor	done during most o	CUPATION (Give kind of f working life, even if retired) : WIFE	10B, KINE	O OF BUSINESS OR INDUSTRY	POLAN		2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	AME Z	0		14. MOTHER'S MAIDE	N NAME	
15	WAS DECEASE	D EVER IN U, S. ARMEI		1 L KA		KNONIN	
(Ye	n, no or unknown)	(If yes, give war or date	s of service)	16, SOCIAL SECURITY NO.	17. INFORMANT		RESS
	18. 44	12 V		CAUCE	OF DEATH	KA 1227 IN	INTERVAL BETWEEN
ERTIFICATION	(This does heart failus injury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, HE ABOVE CAUSE (A) VING CONDITION LA SIGNIFICANT COND S TO THE DEATH, BUT SIEGASE OR CONDITION	TH of dying, e. ans the disea; caused deatl SES FANY, GIVII STATING TAST.  ITIONS CO NOT RELAT	NO.	bro-Vascul extensive Co Arcerse abetes 80	u Oscilent udiovarente Tellitus	a day.
L				FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21a. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, atreet, office bldg.,		(If in Baltimore City, give	e exact location)
Σ	21D. TIME ( OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		JURY OCCUR?	
	22. I hereby deceased al	ive on July 25	tended the	deceased from and that death occur	4 25 , 1950, to	om the dauses and on the	that I last saw the date stated above.
	23A. 3 G VA			ypan M.D.	Lutheran 1	toep. of maryle.	8 7/25/50
TI L	4A. BURIAL. CON, REMOVAL (S. 3 UR / A A ATE RECEIVED CAL REGISTI	7/29	150	MORELAND	MEMORIAL 25. FUNDAL DIRECT	BALTIMORE  BALTIMORE	MD.
	VS 150		- Week	a free transportation of the contraction of the con		1 C	61











PLEASE WRITE FL. LY, WITH UNFADING INK. Every item of information should be ally supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
WRITE PL. LY, WITH U
WRITE PL.
WRITE PL.
WRITE PL.

OF INJURY

Buria DATE RECEIVED BY

LOCAL REGISTRAR

50 6518 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF AMES DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased leved, If institution; residence A. Baltimore City, Maryland A. STA B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION BALTIMOR D. STREET ADDRESS (If rural, give location) Yra. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years I Under 24 Hours 6. COLOR OR RACE H Under 1 Year last rthday) Months Days Hours Min. married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF 1. BIRTHPLAGE State or foreign country) work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give war or date of service) 16. SOCIAL 335 Faler SECURITY 3-01-INTERVAL 18. 163 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTIFI (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194 DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL R+ Lung + Luperon media stenem YES H

21B. PLACE OF INURY (e. g., in or about home, farm, factory, street, office bldg., etc.) oranous 2/4. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE

21F. HOW DID INJURY OCCUR?

1950, to

21c. WHERE DID

INJURY OCCUR?

WHILE AT AT WORK 22. I hereby certify that I attended the deceased from Lily 1952, and that death occurred at 53

deceased alive on telle 25 234. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

129

24c. NAME OF CEMETERY OR CREMATORY / 24d. LOCATION (City, town,/gr county) Freeland

\_m., from the causes and on the date stated above.

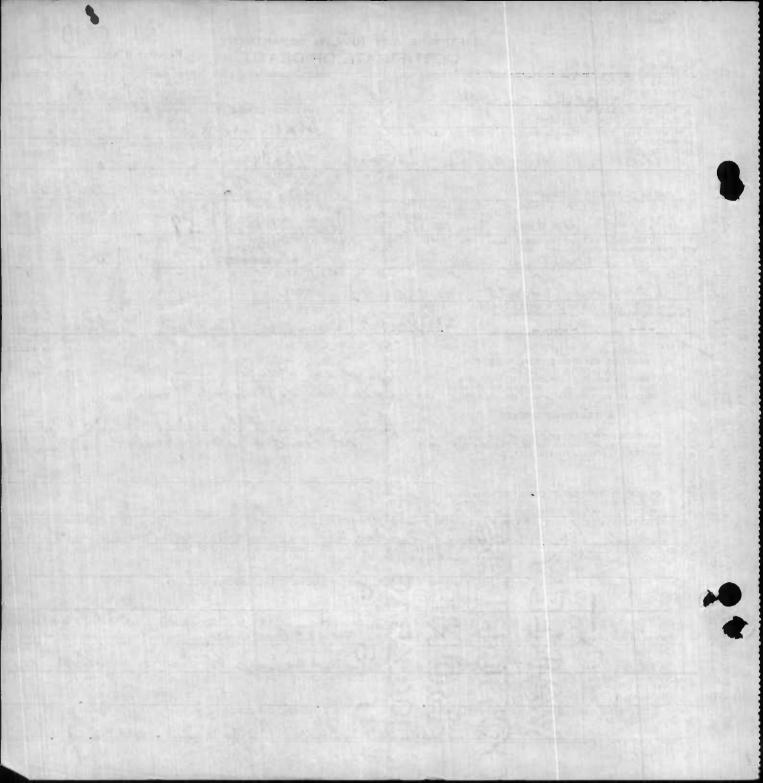
(If in Baltimore City, give exact location)

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR 3000 ADDRESS

. 1950 that I last saw the

ESC. DATE SIGNED

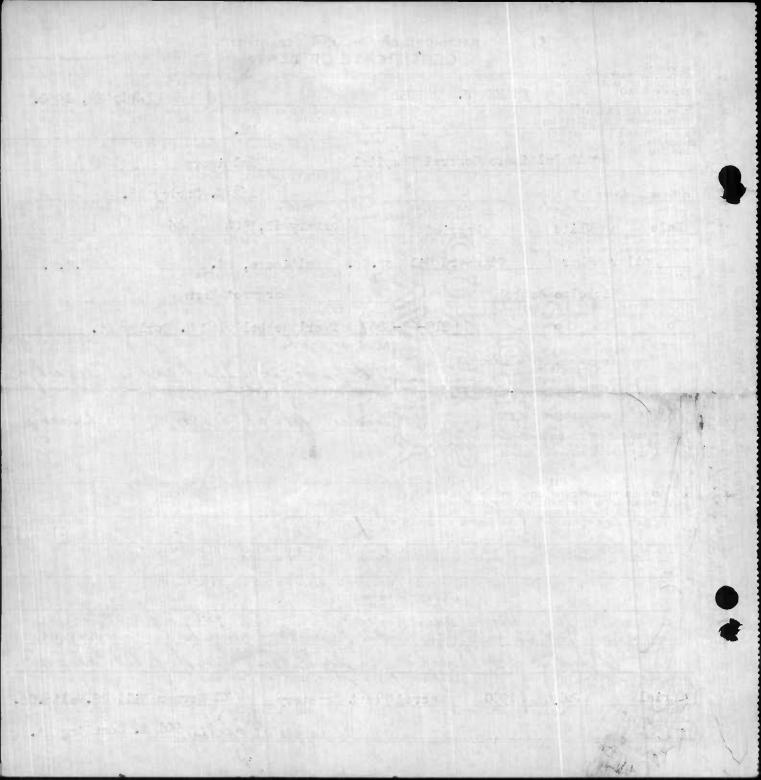


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### BALTIMORE CITY HEALTH DEPARTMENT

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00	OULU

	BI	RTH NO.		CERTIFICAT	E OF DEATH	Registered 1	
		NAME OF Description (NAME OF Description)		ANK J. REBBEL		2. DATE OF DEATH July	24. 1950.
		PLACE OF D	City, Maryland		4. USUAL RESIDENCE (W		institution: residence before admission)
	B. HC		OF (If not in hospit	al or institution, give street address or location)	Md.		s, write RURAL and give
	South Baltimore General Hospital			Baltin		-01	
			stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 162 N	Curley St	
		sex Male	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	S. DATE OF BIRTH  January 11.1904	9. AGE (In years last birthday) Mo	onder 1 Year II Under 24 Hours nths Days Hours Min.
	10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF
	WOIL		r Maker	Standard Oil Ref. Co.		1	WHAT COUNTRY?
	13	. FATHER'S	NAME		14. MOTHER'S MAIDEN N	AME	- Uester -
			Nicholas Rebb		Margaret I	Kern	
	(Yes	no or unknown)	ED EVER IN U. S. ARMED (If year, give war or date		17. INFORMANT	A	DDRESS
	1	No	No	215-05-8857	Pearl Rebbel 16	2 N. Ourley	St.
		(This doe heart fail	SE OR CONDITION LEADING TO DEA' so not mean the mode of ure, asthenia, etc. It means to complication which of	DIRECTLY TH of dying, e. g., uns the disease,	hosis of th	o liver	INTERVAL BETWEEN ONSET AND DEATH
	NO		ANTECEDENT CAUS	chro	nic alcoholi	5 177	severely en
	RTIFICATION	RISE TO	ES OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE DUE TO ST.			
	CERT	TRIBUTIN	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
	CAL			98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	EDI	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)	218. PLACE OF INJURY (e. g., i ebout home, farm, factory, etreet, office bldg.,		f in Baltimore City, s	give exact location)
	Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	WHILE AT NOT WHILE		OCCUR?	
		22 7 7	115 17 17 11	m.   WORK AT WORK	I O FA	ula 24 105	0., , , , , , ,
		decensed a	live on July 2.3	ended the deceased from 12.			that I last saw the
		23A, SIGNA	TIME		3B/ADDRESS	in Hospital	22C. DATE SIGNED
	24 TIC	A. BURIAL.		24C NAME OF CEMETE		OCATION (City, tewn,	
	_ B	surial	July	1950   Sacred Heart		German Hill	Rd-Balto-Co.
-	Lo	TE RECEIVE	REGISTRAR	s signature	lolaneles & Ser	les 901 s. c.	onkling St.
		VS 150	1 bush	50	345		124a



1 1/3/	50 6520
BALTIMORE CITY HEALTH DEPART	
BIRTH NO. 20 CERTIFICATE OF DEAT	Hegistelett No.
1. NAME OF DECEASED (Type or Print)	2. DATE. OF
EDMOND P. BROOKS SR.	DEATH July 25. 1950
A. Baltimore City, Maryland 902 S. Fagley St. A. STATE	ENCE (Where deceased lived. If institution: residence B. COUNTY before admissio
B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN	Md. (If outside corporate limits, write RURAL and gi
INSTITUTION	- / C/townshi
Yrs. D. STREET ADDR	Baltimore 6007
c. Length of stay in Baltimore Mos.	02 S. Fagley St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRT WIDOWED, DIVORCED (Specify)	9. AGE (In years) If Under I Year   If Under 24 Hou
Male White Married Apr. 2, 180	last birthday) Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE)	tate or foreign country)   12. CITIZEN OF WHAT COUNTR
Retired FOREMAN Chamical Co. Relt:	
10 FATHERING HARM	IDEN NAME
Charles Brooks Mi Jane	Achile
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO. 17. INFORMANT	ADDRESS
	n Arringdale 902 S. Fagley St.
18. 420 / CAUSE OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	le ma booker
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	THIN R
injumy on complication subjet coursed death is now as	
ANTECEDENT CAUSES  Z  DISPASES OR CONDITIONS IF ANY GIVING	in Sivasuely
O BIDERIDED ON CONTENTIONS, IF ANT, GIVING	Contract
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
D DIAGE OF IN INDIX ( ) - Late Muses	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE I about home, farm, factory, street, office bldg., etc.) INJURY OCCU	
CAUSE OF DEATH	
21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURRED 21f. HOW DIG	INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from July , 195	1, to 7/2 5 , 195 Othat I last saw to
deceased alive on 7/25, 19 Sand that death occurred a 2:10 Ai	We om the causes and on the date stated above
	23c. PATE SIGNE
23A SIGNATURE 238. ADDRESS	di c d -10 7/3/16
Harly B. Klyanova M. D. 238. ADDRESS &	240, LOCATION (City, town, or ofunty) (State
24a. BURIAL, CRIMA- TION, REMOVAL (Specify)  24b. DATE  24c. NAME OF CEMETERY OF CREMATORY	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial  July 1950  Sacred Heart Cemetery  DATE RECEIVED BY   REGISTRAR'S SIGNATURE  238. ADDRESS 248. DATE 24C. NAME OF CEMETERY OF CREMATORY  DATE RECEIVED BY   REGISTRAR'S SIGNATURE  126. FUNERAL DIE	
24a. BURIAL, CRIMA- TION, REMOVAL (Specify) Burial  23b. ADDRESS 24c. NAME OF CEMETERY OF CREMATORY Burial  24g. NAME OF CEMETERY OF CREMATORY  Sacred Heart Cemetery	4701 German Hill Rd.
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial  July 1950  Sacred Heart Cemetery  DATE RECEIVED BY   REGISTRAR'S SIGNATURE  238. ADDRESS 248. DATE 24C. NAME OF CEMETERY OF CREMATORY  DATE RECEIVED BY   REGISTRAR'S SIGNATURE  126. FUNERAL DIE	

THE PROPERTY AND CONTRACTOR A COMMENT OF STREET and the state of t Control of the control of the second of the second . I person . Soll of strains and the . of RSIT- OCEU. THE RESERVE OF THE PERSON AND THE PE The same of the sa

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UNFADING INK. Every item of information should by fully supplied. Physicians: please write the causes of death clearly and legibly.

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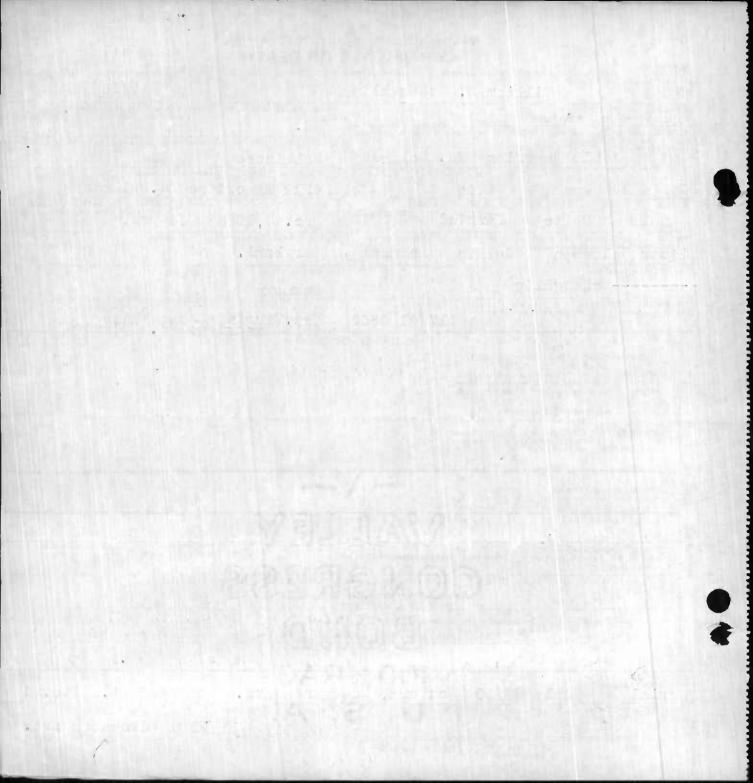
PLEASE WRI

MARGIN RESERVED FOR BINDING

## BALTIMORE CITY HEALTH DEPARTMENT

Registered	No
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В	IRTH NO.	Crep	CE	RTIFICAT	E OF DEATH	Re	egistered .	No	
1	NAME OF D	DECEASED	35	T		2. DAT	E m /	00/50	
	Type or Print)		lam A. Mo	Laughlin		OF DEA	· ·	26/50	
A		City, Maryland			4. USUAL RESIDENCE		ased lived. In COUNTY		: residence ore admission)
H	OSPITAL OR	OF (If not in hospit	al or institution, g	rive street address o location	T	(If outside co	rnorate limi	ts. write R	RAL and give
0	NSTITUTION	4518 Manor	dene Rd.	Uplands	Baltimore		28-	-04	township)
			T	Yrs. Mos.	D. STREET ADDRESS			7	
	Length of s	tay in Baltimore	Life	Days	4518 Mano				1 M Hadar Od Hama
	Male	White		DIVORCED (Specify	Dec. 7,18	85 64	-	onths Days	H Under 24 Hours Hours Min.
Li	t doorduring most.	CCUPATION (Give kied of of working life, even if retired) LESMAN	callis &	Hammond	Maryland.	or foreign cour	ntry)	12. CITIZ WHAT	EN OF T COUNTRY?
II .	FATHER'S				14. MOTHER'S MAIDE	N NAME			
		-McLaughlin			Unknown				
(Y	5. WAS DECEAS m, no or unknown)	ED EVER IN U. S. ARMEI (If you, give war or date		SOCIAL SECUTIONS	17. INFORMANT	nja McL		in	
	1B. J	\$1.0.		CAUSE	OF DEATH	Marate K	<u>a - un</u>	INTER	VAL BETWEEN
	DISEAS	SE OR CONDITION LEADING TO DEA		4	1	CHO	1 .:	ONSET	-
	heart failu	s not mean the mode oure, asthenia, etc. It mea	of dying, e.g.,	(A)(	rehosis o	101-6	F ) V (	17	3 years
	injury or	complication which	caused death.)	DUE TO					
7		ANTECEDENT CAUS	SES						
TION		S OR CONDITIONS, I		(B)	•••••••••••••••••••••••••••••••••••••••		*****		
AT		YING CONDITION LA		(C)					
RTIFICA		11							
		II SIGNIFICANT CONDI S TO THE DEATH, BUT							
CE	TO THE D	ISEASE OR CONDITION	CAUSING IT.		<u> </u>	2000			
AL	19A. DATE C	OF OPERATION D	98. MAJOR FIN	DINGS OF OPE	RATION			20. 7 YES	NO K
EDICAL	21A. ACCIE	DENT WAS UNDER-		OF INJURY (e. g., ectory, street, office bldg.		(lf in Balti	more City,	give exact	
ME	CAUSE OF	DEATH		oot j meroca omeo bree.	- INSURT CCCORT				
	OF INJURY	(Month) (Day) (Year)	(Hour) 21E. WHILE WOR			JURY OCCUR	7		
	22. I hereb	y certify that I att			July , 1950 to	July :	26 195	Othat II	last saw the
		live on July 2				om the cause			
	23A. SIGNA	TURE	(		238. ADDRESS	. o. t	6	23c. DA	TE SIGNED
2	4A. BURHAL.		1245		ERY OR CREMATORY   24	CATICAL LOCATION		or county	(State)
TI	on REMOVAL (S urial	July 2	,		mondson Ave.				
	ATE RECEIVE		S SIGNATURE		25. FUNERAL DIRECT			ADDRES	
	59 12001		44.	=7	Jarry H. le:	12101	Edmon	ndson	Ave.
	VS 150	to t	agton Will	LALLIA, MUSE,	011-	0		10	, 0
		1 0,000	8	4	9068			124	162



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BALTIMORE CITY HEALTH DEPARTMENT

VS 150

ADDRESS

19 Chat I last saw the

50 6522

If Under 1 Year

12. CITIZEN OF

WHAT COUNTRY?

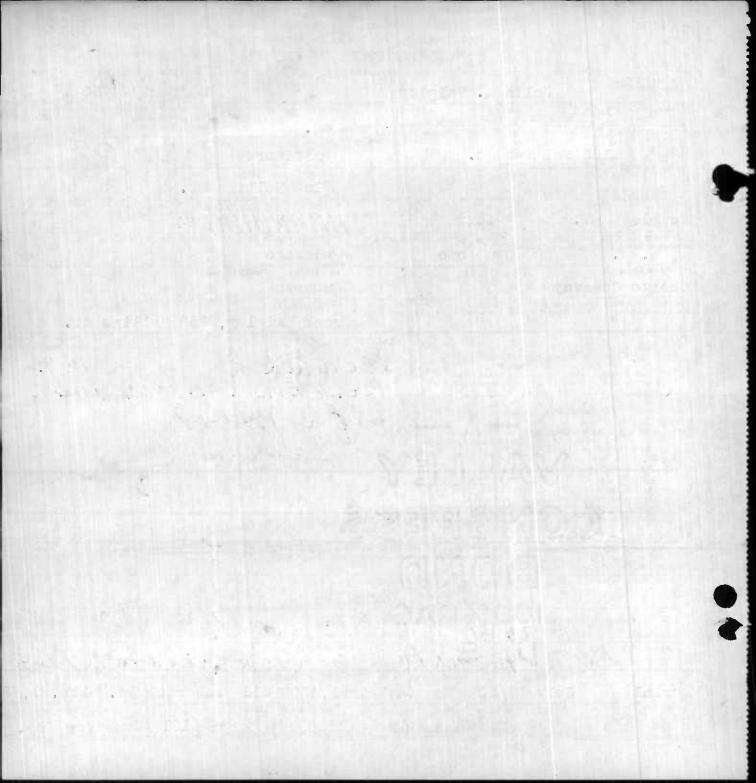
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

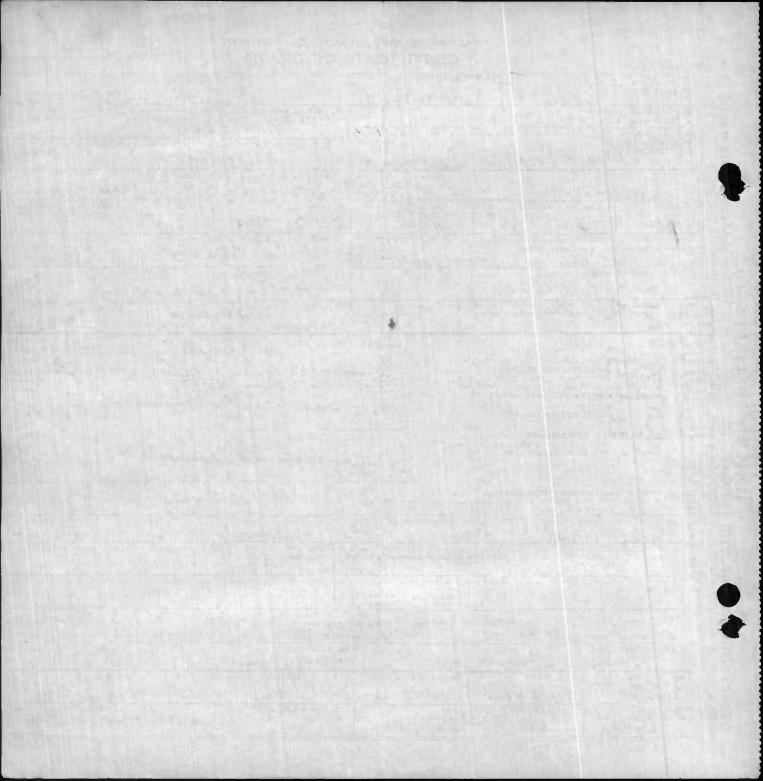
before admission)

township)



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PLEASE WRITI FL LY, WITH UNFADING IN	correct age is esp

C- =		EALTH DEPARTMENT 50 6523  E OF DEATH Registered No.
Lhe	BIRTH NO.	E OF BEATH
je	(Type or Print) GEORGE CHAM BERS	2. DATE OF DEATH JULY 26 1950
supplied	S. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
dilly su	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
13	3/ MERCY MOSPILAL DALTIMORE MOYERS.	D_STREET ADDRESS_ (If rural, give location)
e e legibl	c. Length of stay in Baltimore /9 Days	ROUTE 14 BOX 365 BALTIMORG. 20 MAD
uld be	MALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years) If Under 24 Hours  10 LT 28 /873  9. AGE (In years) Months Days Hours Min.
on should clearly an	109. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
VDING information of death cle	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NG ormatic death	HENRY CHAMBERS	HELEN TALLMAN
BINDING of inform	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO.	DAUGHT MRS LOUISE ADDRESS POUTE IN MANY MANY MENSON BOXES BALTOZO
R B	18. 443 X 1 7 CAUSE	OF DEATH (D. Mar Alexandre And Death
0 3 0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	from Varendam Constitie 5da
Every is	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ente o Unevia
E. C.	ANTECEDENT CAUSES Augh	reference Lordio Comula Desero 12-15 you
RESE INK please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	,
IN I	UNDERLYING CONDITION LAST.	lan occlusion Thrombour of 2 when
MARGIN NFADIN nysicians	OTHER SIGNIFICANT CONDITIONS CON.	- left Extremy
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Prostatie Kypertroply 5 yrs +
Ht .	194 DATE OF OPERATION   198, MAJOR FINDINGS OF OPER	ration 20. Autopsy?
LY, WITH important.	218. PLACE OF INJURY (e.g., about bome, farm, factory, street, office bldg.,	in or   21c. WHERE DID / (If in Baltimore City, give exact location)
LY, impo	ZID. TIME (Month) (Dmy) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
E	OF INJURY  MHILE AT NOT WHILE AT WORK AT WORK	
The L especia	22. I hereby certify that I attended the deceased from the	1950, to July 26, 1950, that I last saw the
IT.		Fred at OBS Am., from the causes and on the date stated above.
W.R.	Leonard D. Hamberry M.D.	movey Hosp tal Falterns pely to 1900
PLEASE WRIT	24a, BURIAL, CREMA: 24B, DATE 10N, REMOVAL (Specify) 7/2 9/50 Still Cre	est Clu. Federals Rurg, Ma
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  LULY 26 1950  LINE 26 1950	25 FUNERAL DIRECTOR CICIONES LABORESS Callo
	V\$ 150	1370 And



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	ally supplied.	
MARKEL RESERVED FOR BINDING	NLY, WITH UNFADING INK. Every item of information should be a fully supplied. The	ially important. Physicians: please write the causes of death clearly and legibly.
LVED FU	Every it	write the
acau	INK.	please
MERCAIN	UNFADING	Physicians:
	MLY, WITH	important.
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41	140									50	65	524
	50 6524 BALTIMORE CITY H							Regist	tered No	)		
=	1. NAME OF DECEASED (Type or Print) MILTON RAIBLE						4	2. DATE OF DEATH	July	25,	1950	
1	3. PLACE OF DEATH:  A. Baltimore City, Maryland					4. USUAL RESIDE					n : residence efore admission)	
1	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital location) INSTITUTION Wyman Park.Drive & 31st St.					C. CITY OR TOWN (If outside corporate limits, write RURAL a					(RAL and give township)	
THE PERSON NAMED IN	Length of			30 300	?	Yrs. Mos.	D. STREET ADDRE	ss (If rur				
1	S. SEX	6. COLO	OR OR RACE	WIDOV	E. MARRIE VED. DIVOR	RCED (Specify)	8. DATE OF BIRTH		AGE (ln )	ears If U	nder I Year ths Day	li Under 24 Hours Hours Min.
1 #0	OA, USUAL O	CCUPATION OF WORKING	ife, even if retired)		of Busi Transpo	INDUSTRY	11. BIRTHPLACE (S	state or forei	ign country)	1	2. CIT	ZEN OF
	3. FATHER'S		Raible				14. MOTHER'S MA		E			
1 (1	5. WAS DECEA	SED EVER	IN U.S. ARME give war or date	FORCES?	16. SOC SECT	IAL URITY NO.	17. INFORMANT Records-	- US Ma	rine Ho		DRESS	alto,Md.
	18. 4 (	2.1	I CONDITION	DIDECTIV		CAUSE	OF DEATH					RVAL BETWEEN ET AND DEATH
	(This do heart fai	es not med lure, asthe	NG TO DEA an the mode nia, etc. It men ation which	TH of dying, e. ons the disea	g., (A)		rrhage acute	) ······	*	*****	F	ew Hours
z		ANTEC	EDENT CAU	SES	(B)	Rupt	ure of esoph	ageal	vari ce s	5		
ATIO	DISEAS RISE TO UNDERI	THE ABOV	ONDITIONS, I VE CAUSE (A) ONDITION L	STATING T	NG							
RTIFICA			11		(C)			4	***************************************			
CER	TRIBUTI	NG TO THE	CANT COND E DEATH, BUT OR CONDITION	NOT RELAT	ED				*****	a-+a-aa+-a-aa		*
A	19A. DATE	OF OPER	ATION 1	98. MAJOR	FINDING	S OF OPER	ATION					AUTOPSY?
MEDICAL						JURY (e. g., i treet, office bldg.,			n Baltimore	City, gi	ve exac	t location)
2			(Day) (Year		21E. INJU	RY OCCURR NOT WHILE AT WORK	ED 21F. HOW DID	INJURY C	CCUR?			
	22. I here	by certif	that I att	anded the	deceased	from Jul	y 22 , 1950 red at 1:57A m.,	to Jul				last saw the
	D.W. I	ATURE	Modic	al Dire	ector	M. D.	38. ADDRESS US Marine Ho	spital			23c. E	ATE SIGNED
	ion, REMOVAL	(Specify)	7/28/5			or CEMETE on Park	RY OR CREMATORY	Balto.	ATION (Cit	y, town, o	r county	y) (State)
	DATE RECEIV LOCAL REGIS	ED BY	REGISTRAR			44.18	25. FUNERAL DIR		ner I	In	ADDRE	Salto,
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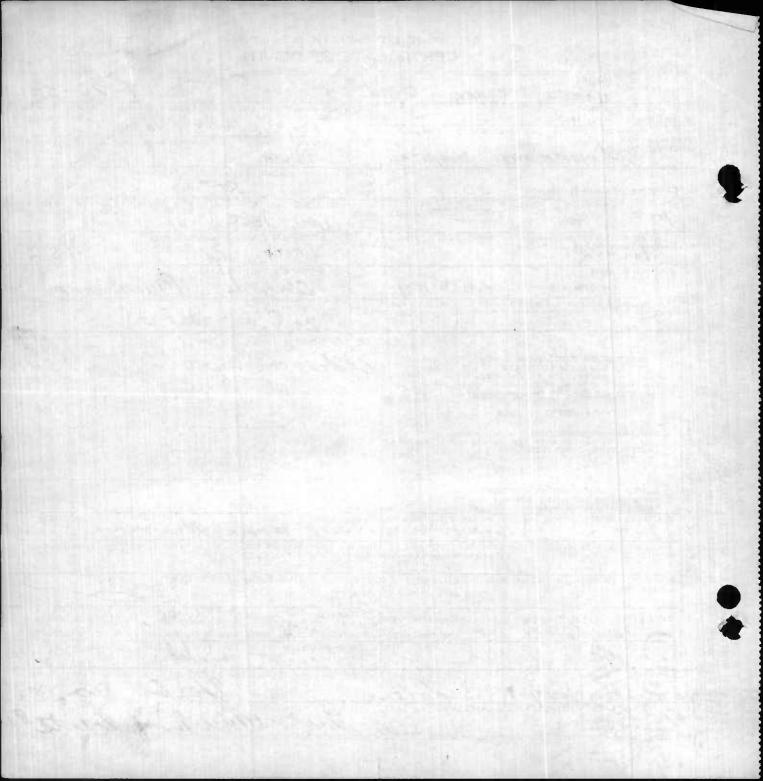
### BALTIMORE CITY HEALTH DEPARTMENT

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DIRTH NO	CERTIFICAT	E OF DEATH	Registered N	0,
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) FRANK MARTIN 7	rach Kaltrusky)/ti	CKA) (TREHKA)	OF DEATH JYL	y 25, 1950
a. Baltimore City, Maryland		A. STATE	(Where deceased lived, If i	nstitution : residence before admission)
HOSPITAL OR	stitution, give street address or location)		(If outside corporate limits	wrMe RURAL and give
2740 GEORGETOW	n Road	BALTIMORE	75.	5 (winship)
	Yrs. Mos.		(If rural, give location)	0.1
c. Length of stay in Baltimore  5. SEX   6. COLOR OF RACE   7. SI	MGLE, MARRIED.	8. DATE OF BIRTH	RGETOWN	OA O II Under 24 Hours
	MARRIED (Specify)			Under 1 Year It Under 24 Hours the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR		r foreign country)	12. CITIZEN OF
BytchER Who	LESALE MEATS	1 1 1 1 1 1 1	is	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
- Nohn /Reh K	A	UNKNO	WN	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or uokoown) (If yes, give war or dates of servi	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
NO NONE	212-07-15-82	MOSE TRUSKY	2740 GEORG	stown Rd.
18. 443 X	CAUSE	OF DEATH	An	ONSET AND DEATH
DISEASE OR CONDITION DIRECT	TLY P	lunguage (	Edeus	
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	g, e. g., (A)disease.	and any		***************************************
injury or complication which caused		0. 1.		
ANTECEDENT CAUSES	Car	din Varen	Pan	
DISEASES OR CONDITIONS, 15 ANY, RISE TO THE ABOVE CAUSE (A) STATI				
UNDERLYING CONDITION LAST.	NG THE DUE TO	1-1.		
U II II OTHER SIGNIFICANT CONDITIONS	1 July	Renlineir		b
OTHER SIGNIFICANT CONDITIONS	(C)	1.01		
TRIBUTING TO THE DEATH, BUT NOT R	ELATED	Henelit	9	
, 19A. DATE OF OPERATION   19B. MA		ATION		20. AUTOPSY?
N N N N N N N N N N N N N N N N N N N		V		YES NO
A HOMICIDE (Specify) about	bome, farm, factory, street, office bldg.,		(If in Baltimore City, g	ve exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
OF INJUNT	m. WHILE AT NOT WHILE		0	
22. I hereby certify that I attended		Week 1950 to	Khl 25 19.0	that I last saw the
	O and that death ofcus			
23A. SIGNATURE		38. ADDRESS	The state of the s	28c. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE	M. D.	2/3/-/DIA	LOCATION (City, town,	county) (State)
TION. REMOVAL (Specify)	11. 0 1.			GAA 1
BARIAL 7-28-50 DATE RECEIVED BY   REGISTRAR'S SIGN		25. FUNERAL DIRECTOR	ALTIMORE	ADDRESS
LOCAL REGISTRAR				Ederic KAUE
JUL 26 1950 Hunting		BEORGE L. Se	101 PM	COEKICK HOE
VS 150	on Mulianus, Mitt			and

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12	.40		DALT	MODE CITY HE	ALTH DEPARTMENT	V	0=00
BI	RTH NO.0	6526			E OF DEATH	Registered 1	10. 6526
] (T	NAME OF D	ECEASED SAMES	CLARK	QUIGLE	Y	2. DATE OF DEATH 7-	26-50
A.	PLACE OF D Baltimore (	City, Maryland	al or institution	, give street address or	4. USUAL RESIDENCE ( A. STATE  PENNSY L VAN	B. COUNTY	institution; residence before admission)
H	SPITAL OR	UNIVERSO		location)	C. CITY OR TOWN ()	f outside corporate limit	ts, write RURAL and give township)
c.		tay in Baltimore	20	Yrs. Mos. Days	D. STREET ADDRESS ()	f rural, give location)	
5.	M	6. COLOR OR RACE	7. SINGLE, I	MARRIED, DIVORCED (Specify)	B. DATE OF BIRTH		onths Days Hours Min.
10 work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	DELTA	foreign country)	12. CITIZEN OF WHAT COUNTRY!
13	. FATHER'S	James	Qui	GLEV	14. MOTHER'S MAIDEN M		LOWER
15 (Yes	, WAS DECEAS	EVER IN U. S. ARMEI (If yee, give war or date	FORCES?   I	6. SOCIAL SECURITY NO.	17. INFORMANT L.		DDRESS
RTIFICATION	heart failt injury or DISEASE RISE TO 1 UNDERL	s not mean the mode of the assertion which of the complication which of the complication which of the complication which of the complication of th	ins the disease, caused 'death.) SES F ANY, GIVING STATING THE IST.	(A)  DUE TO  (B)  DUE TO	· N		
CEF	TRIBUTING	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	INDINGS OF OPER	ATION		120 AUTOPSV2
EDICAL	7-19	Y-50 ENT. SUICIDE, (Specify)	218. PLACE		ACET TEMPLE  B or   21c. WHERE DID	(If in Baltimore City,	
Σ	210. TIME OF INJURY	(Month) (Day) (Year)	WHI	E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
		y certify that I att for any 26  Ture  The state of the s		d that death occur	red att 7 m., from  3B. ADDRESS  Line St Ho		that I last saw the he date stated above.
710	BURIAL S BURIAL (S BURIAL	CREMA- 248. DATE Specify)  Jolyh	1950-	C. NAME OF CEMETE		forfo,	Co fra
Lo	ATE RECEIVE	BAR REGISTRAR	S SIGNATURE	Minus No.	25 FUNERAL DIRECTOR	larbin	Selte Pa
JU	VS 150	limete	3	100	10 8 8 5		53



ADDRESS Records: B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES X NO (If in Baltimore City, give exact location) 19 50 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED July 25. LOCATION (City, town, or county)

before admission)

If Under I Year

12. CITIZEN OF

WHAT COUNTRY?

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PLEASE WRIT

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	6528
egistered	No.

B	RTH NO.			CERTIFICAT	E OF DEAT	H Registere	d No.
1.	NAME OF D	ECEASED	MARIE	HOWLEY		2. DATE OF	July 25. 1050.
3. A.	PLACE OF D Baltimore (	EATH: City, Maryland 50			A. STATE	ENCE (Where deceased lived	. If institution : residence
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)				ion, give street address or	C. CITY OR TOWN		mits, write RURAL and give township)
-			About	8 Yrs. Yrs.	D. STREET ADDRE	ESS (If rural, give location)	
c.	Length of s	tay in Baltimore		Mos. Days	508	S. Streeper St.	
	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	
F	emale	White		ngle	March 2, 187	8 72	Maria Days Hours Will.
1C wor	A. USUAL OC doneduriog most	CUPATION (Give kind of of working life, even if retired)  d		OF BUSINESS OR INDUSTRY  Work.		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	IAME			14. MOTHER'S MA	IDEN NAME	
		Thomas Howle			Anna	Duffy	
(Ye	. WAS DECEAS!	ED EVER IN U.S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	MRS. VINI	CENT NOLA	N 508S. STORES
CERTIFICATION	(This does heart failu in jury or DISEASES RISE TO TUNDERLY OTHER STRIBUTING TO THE D	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of the complication which complication is a complication of the complication o	F dying, e. g f dying, e. g sthe disease aused death SES F ANY, GIVIN STATING TH ST.  TIONS CON NOT RELATE CAUSING I	(B)	erioscle	rosis	
SAL	19A. DATE C	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION		YES NO
MEDICAL	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE						
	deceased al	y certify that I att live on 7-25- TURE	ended the	and that death occur		2, to 7 - 2 5 -, 19 from the causes and on	of that I last saw then the date stated above.
24 TI	A. BURIAL, (	Pecify) 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (City, to	
	Burial ATE RECEIVE DCAL REGIST	DAD	1950.   S SIGNATU	At a	25. FUNERAL PIR	4300 Old Frede	ADDRESS
J	ULVZ BJS	30	9	7208	A 5 3 C	)	97

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DATE RECEIVED BY

LOCAL REGISTRAR

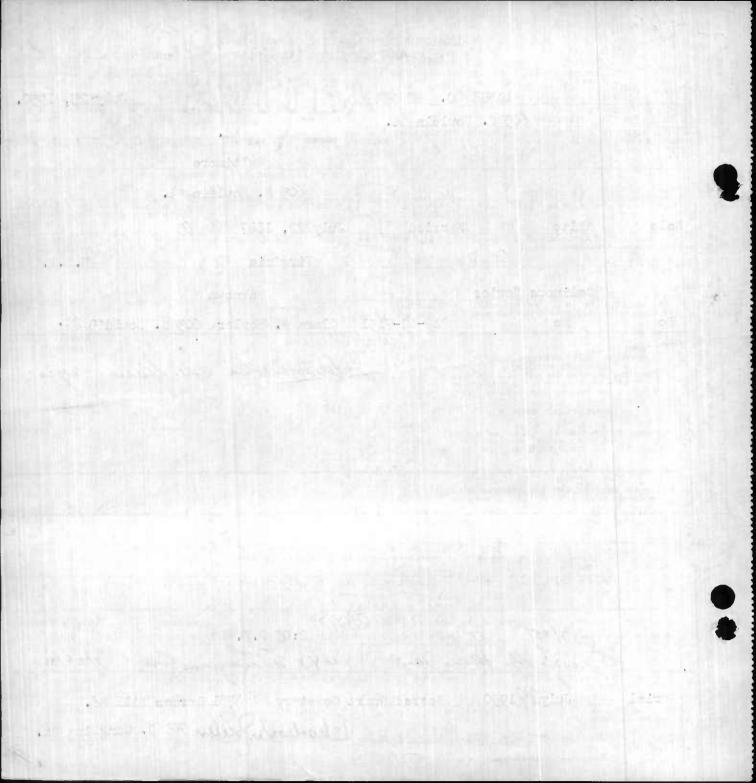
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FOR

RESERVED

MARGIN

20. AUTOPSY (If in Baltimore City, give exact location) , 19\_\_\_, that I last saw the 1957, and that death occurred at 2:05 R. Moom the causes and on the date stated above. 23c, DATE, SIGNED 2 4/50 Scared Heart Cemetery 4701 German Hill ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR 901 S. Conkling St.



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5	BI	65.
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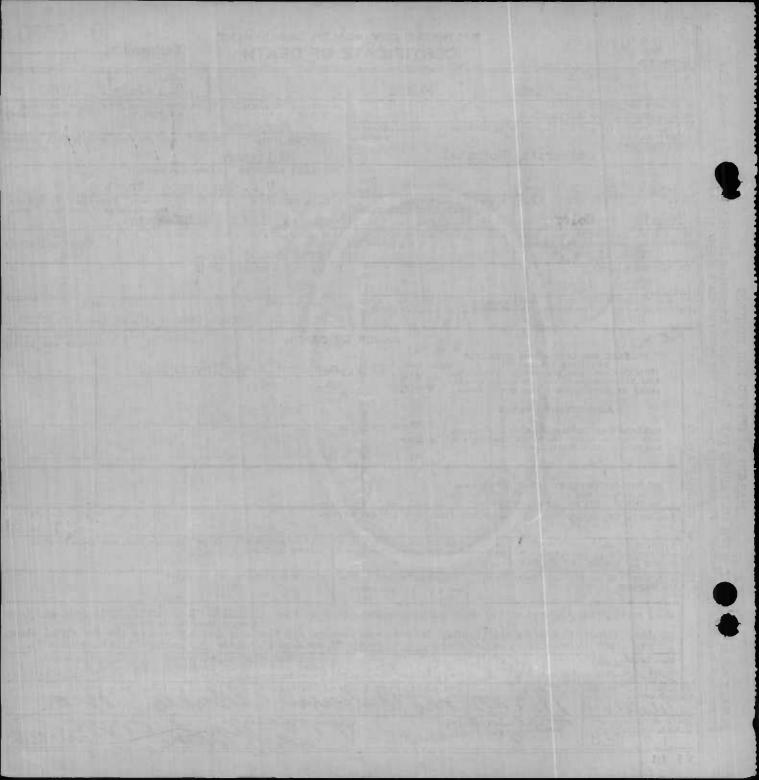
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# BALTIMORE CITY HEALTH DEPARTMENT

6530

2	(MICH			CERTIFICAT	E OF DEATH	Regist	tered No.	
=	RTH NO.							
1.	NAME OF D	ECEASED EMMA		FARMER		2. DATE OF DEATH	July 2	23, 1950
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased I		stitution : residence before admission)
B. H	FULL NAME	OF (If not in hospit	al or institu	tion, give street address or location)		(16 autaida assessada	A	waite R RAL and give
11	STITUTION	University	Hospit				lite mits, v	township)
	50	OHI CI DI OJ	1100011	Yrs.	Baltimore Baltimore		tion)	
c.	Length of s	tay in Baltimore		Mos. Days		oppleton S		
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH			der 1 Year   H Under 24 Hours hs: Days   Hours Min.
	Female	Colored	Wi	idowed	Sept. 15, 1880		ljm)	ns Days Hours Min.
1 C	done during most	CUPATION (Give kind of of working life, even if retired)	108. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Rocky Mount, 1		12	USA
13	. FATHER'S				14. MOTHER'S MAIDEN	NAME		
	Alfre	ed Joyner			rlartha			
15 (Ye	. WAS DECEASI	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			RESS
	no				Corretta Washi	ington	116 5	S. Stockton
ERTIFICATION	DISEASE: RISE TO TUNDERL' OTHER STRIBUTING	LEADING TO DEA s not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION L  SIGNIFICANT CONDITION ISSUED TO THE DEATH, BUT ISEASE OR CONDITION	of dying, e. ins the disease caused death death sees  FANY, GIVII STATING TAST.	NO.	riosclerotic card sease			
CE		The second secon		FINDINGS OF OPER	ATION			20. AUTOPSY7
٦								YES NO X
EDICAL	UNDERLYIN	NAL CAUSE WAS G  OR CONTRIB- CAUSE OF DEATH.	218. PL	ACE OF INJURY (e. g., i farm, factory, etreet, office bldg., c	n or 21c. WHERE DID	(If in Baltimore	City, give	e exact location)
Σ	210. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	RY OCCUR?		
	the evi	idence obtained by ath in my opinion	said Autoresulted	opsy, Inspection or I from: <u>natural causes</u>	Inquiry, find that said  S ☒, accident ☐, suicid  238. CHIEF MEDICAL  ASSISTANT MEDICAL  D MEDICAL INVESTIGATION	deceased died  deceased died  de, homicide  EXAMINER  EXAMINER  ATOR	on the let und	day stated above, letermined DATE SIGNED LY 24, 1950
6	REMOVAL (S	1 /12/	10	MA GUL	OF CREMATORY 240.	Sallo	v. town, or	ma
D,	TE RECEIVE CAL REGIST	RAR HEDISTRAN	SEIGNAM	liance, M.M.	25 ELINER L DIRECTOR	apper	512	Canolile



2. DATE July 25, 1950 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If outside co pora e limits, write Rona L and give township) D. STREET ADDRESS (If rural, give location)

last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN DNSET AND DEATH

Hypertensive Cardio Vascular Heart Disease

20. AUTOPSY

(If in Baltimore City, give exact location)

m., from the causes and on the date stated above. 23c. DATE SIGNED

July 25, 1950

LOCATION (City, town, or county)

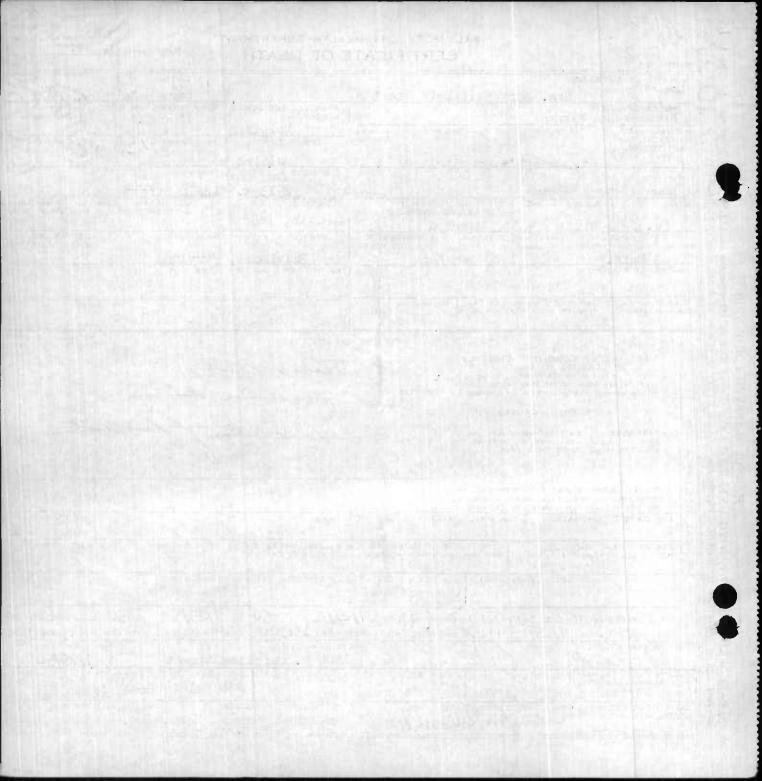
. that I last saw the



0	6532		ВА	CERTIFICAT	E OF DEAT		Registered 1	No
1.	NAME OF DE	CEASED					2. DATE	
(T)	ype or Print)	Mrs. Man	cy Eliz	abeth Staab			OF DEATH Jul	v 25. 1950
	PLACE OF DE Baltimore Ci	ATH: ty, Maryland			A. STATE	ENCE (W)	here deceased lived. If B. COUNTY	institution : residence before admission)
HO	FULL NAME OF SPITAL OR STITUTION	F (If not in hospit	al or institu	tion, give street address o location	c. CITY OR TOWN		outside corporate limit	ts, write BURAL and give
4	/	St. Joseph	's Hosn	ri ta l	Ralti	more	0-	05 township)
			0 1001	Yrs.	D. STREET ADDR		ural, give location)	
c.		y in Baltimore		Mos. Days	2513	E. Bio	ddle Street	
5.	SEX	COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify	B. DATE OF BIRTI	Н	9. AGE (In years)	H Under 1 Year   If Under 24 Hours on the Days   Hours   Min.
	Fe.	White		ried	Aug. 25, 188	36	63	Jittis Days Hours Mill.
10 ork	A. USUAL OCC doneduring most of	UPATION (Give kind of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY?
12	. FATHER'S N	ME	l Ow	n Home	Baltimo	re. Ma	ryland	U.S.
13	. FAIHERS NA	August	Meyers		14. MOTHER'S MA	IDEN NA	unknow	m
15	. WAS DECEASED	EVER IN U. S. ARMEI (If yee, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		A	DDRESS
1 68	s, no or nuknown)	(11 yee, give war or dute	s of service)	SECURITY NO.	Henry Staab	2513	E. Biddle S	St.
RTIFICATION	DISEASES RISE TO TH UNDERLY	omplication which ANTECEDENT CAUSON CONDITIONS, E ABOVE CAUSE (A) NG CONDITION L.	SES  IF ANY, GIVI STATING TAST.  ITIONS CO	NG (B)	Esvan		filie	20, 8
CE		TO THE DEATH, BUT			**************************************			
4L	19A. DATE OF	OPERATION	9B. MAJOF	R FINDINGS OF OPE	RATION			20. AUTOPSY?
EDIC/	21A. ACCIDENT HOMICIDE	NT. SUICIDE, (Specify)	218. PL about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.	in or 21c. WHERE I	OID (If	in Baltimore City,	
2	21D. TIME () OF INJURY	fonth) (Day) (Year	(Hour)	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		INJURY	OCCUR?	
	22. I hereby	certify that I at	tended the	deceased from 7,	/21/ , 150 erred at 11:30AN	, to 7/	25/, 195 e causes and on t	O, that I last saw the he date stated above.
1	234. SIGNAT		/edi	ес м. р.	1400 N. Caro	10.00		7/25/50
710	AA. BURIAL, CON. REMOVAL (Sp. Buria		1950	Holy Redeemer			Belair Road,	
	ATE RECEIVED	BY   REGISTRAR	SIGNAT	URE	Schimunek F	RECTOR		ADDRESS

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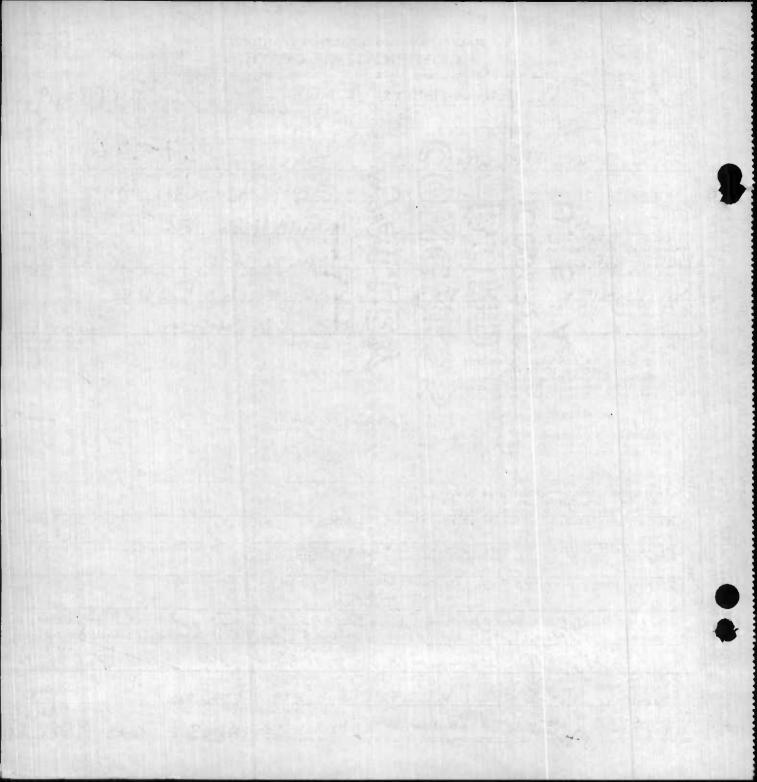
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	ally supplied.	у.	
MAKGIN KESEKVED FOR BINDING	E WRITH L. LY, WITH UNFADING INK. Every item of information should be ally supplied. The	write the causes of death clearly and legibl	
MAKGIN KESE	UNFADING INK.	Physicians: please	
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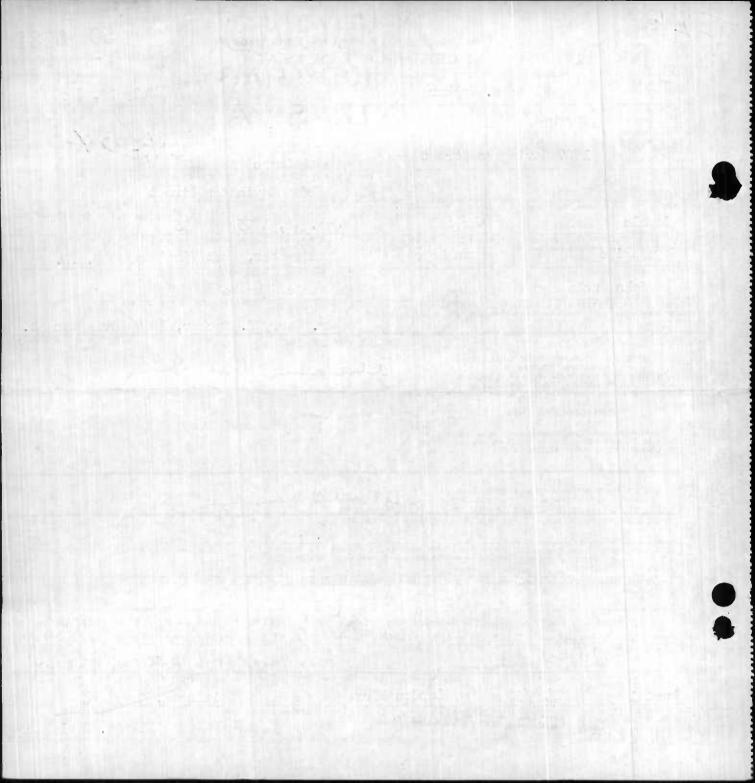
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JEANNET OF DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits. ate RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 9. AGE (In years | H Under I Year | H Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE SINGLE, MARRIED DATE OF BIRTH WIDOWED, DIVORCED (Specify) AUG.18,1865 84

11. BIRTHPLACE (State or foreign country) IDOWED 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done doring most of working life, even If retired) INDUSTRY WHAT COUNTRY? HOUSEWIFE BUTO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Avenu (a (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Auterio-scherotic C. V. Disease ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or ) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK deceased alive on Taly 14 1950, and that death occurred at 5 Am., from the raw , 1950, that I last saw the A.m., from the causes and on the date stated above. 23c. DATE SIGNED 1417 26, (450 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 240 TION, REMOVAL (Specify) URIA DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Alice B. Tucker OF July 25, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deccased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside for to tate limits write RURAL and give INSTITUTION 1807 Covington Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1807 Covington Street c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min. female white Jan. 11, 1875 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? own home Sandy Hook, West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Burke Annie Ambrose 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO Mr. Harry R. Tucker, 1807 Covington St. INTERVAL BETWEEN 20, CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY artino short Heart LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO FICA (C) . ERTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID ā 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT Jak 1950, that I last saw the 1949 to\_ 22. I hereby certify that I attended the deceased from\_ 1950, and that death occurred at 7:50 km., from the Eduses and on the date stated above. PLEASE WRIT deceased alive on\_ 23B. ADDRESS 23A. SIGNATURE 23c. PATE SIGNED 1319 Liver St. \_ Bet. 20 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATOR) | 240. LOCATION (City, town, or county) Loudon Park burial Baltimore. Maryland DATE RECEIVED BY REGISTRAR'S SIGNAL 25. FUNERAL DIRECTOR LOCAL REGISTRAR 1217 St. Paul Street

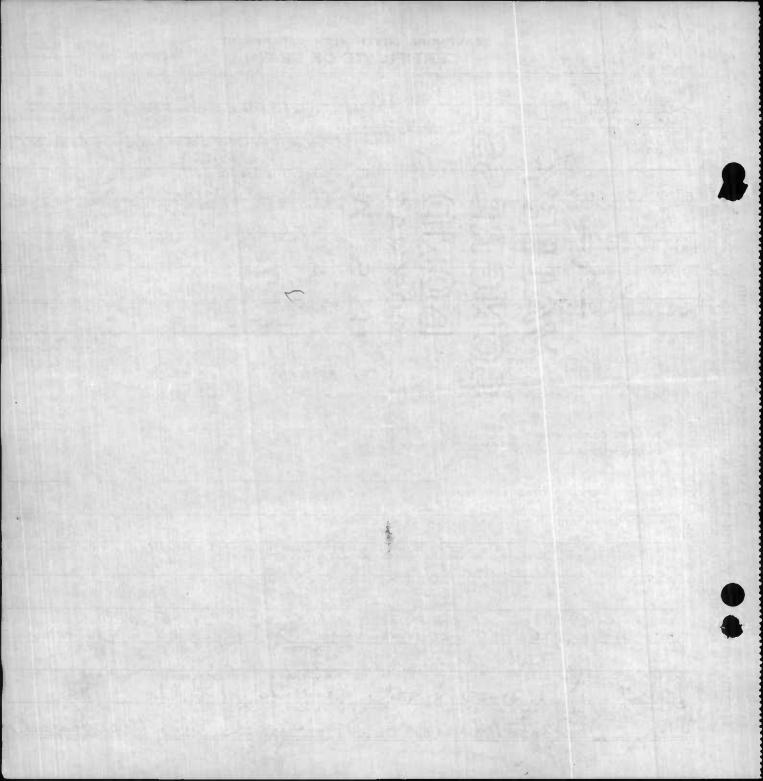


460 653
BIRTH NO.
3. PLACE OF A. Baltimor
B. FULL NAM HOSPITAL C INSTITUTION
c. Length o
10A. USUAL work done during m

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered	No.	OCICIO

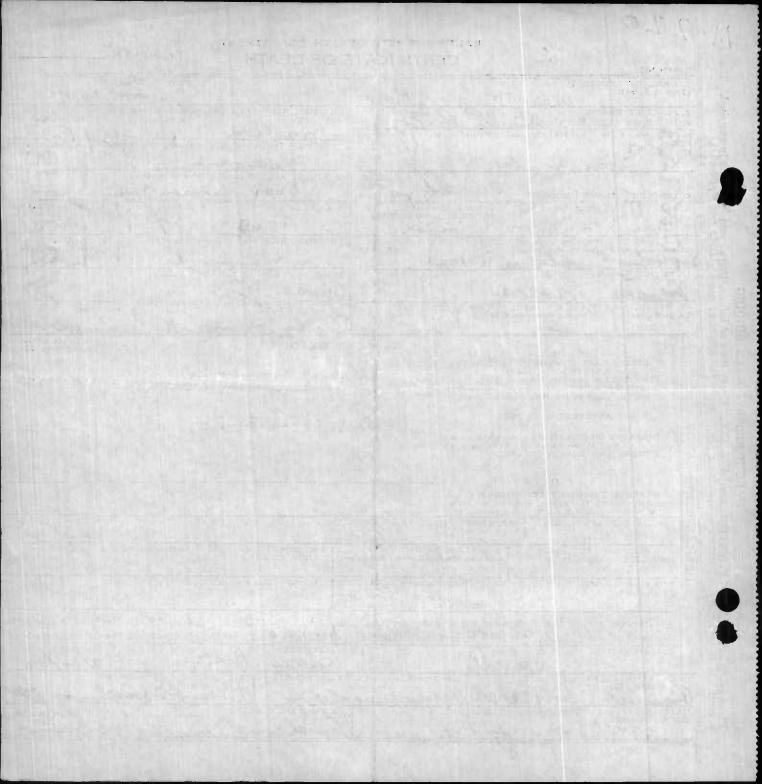
BIRT	H NO. 20-15 625	)				
Typ	ame of deceased or Print) LOE-BAby	Boy	1+ Aller		2. DATE OF DEATH	125/50
	ACE OF DEATH! altimore City, Maryland	MERE	-4 Hospital	4. USUAL RESIDENCE	Where deceased lived.	f institution : residence before admission)
B. FU	ILL NAME OF (If not in hospi	tal or institut	ion, give street address or location)			
	TUTION	11.	+-1	c. CITY OR TOWN		its, write RURAL and give township)
3	1 Nerc	4 /18	Sp1/19/	1341+1	Marc 12-	01
	ength of stay in Baltimore	1	Yrs. Mos. Days	418 M.	Ribinson	Street
5. SE	6. COLOR OR RACE		E. MARRIED, /ED; DIVORCED (Specify)	8. DATE OF BIRTH 7/24/50	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Ionths Days Hours Min.
10A.	USUAL OCCUPATION (Give kind on during most of working life, even if retired	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
JIE GO	be during most of working file, even if retired		INDUSTRY	BAltimore	, Md.	WHAT COUNTRY
13. F	ATHER'S NAME	1	THE STATE OF THE S	14. MOTHER'S MAIDEN N	IAME	
	WILLIAM	11/12/	lee	Helen	MANNIO	N
15. W Yes, no	VAS DECEASED EVER IN U. S. ARME o or uoknowo) (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU	ATH of dying, e. : eans the diseas caused deatl	E., (A) Pre) se, a.) DUE TO	of DEATH unity; A	ItelecTASi	INTERVAL BETWEEN ONSET AND DEATH  1 //2 days
RTIFICATION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I	) STATING T				
<u>-</u>			(C)			
CERI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
			FINDINGS OF OPER			20. AUTOPSY?
ξ	hac					YES NO
ШН	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, form, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
Σ _2	21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  OF INJURY					
0	FINJURY	m.	WHILE AT NOT WHILE			
-	61.11 17 51.5					
	deceased alive on 7/26, 1950, and that death occurred at 12 A.m., from the causes and on the date stated of					
	3a. SIGNATURE	1 Ac		238. ADDRESS	W	23c. DATE SIGNED
Z4A TION.	BURIAL CREMA- REMOVAL (Specify)	37-5-0	AC. NAME OF CEMETE	RYOR CREMATORY 245. I	Salto	n, or dounty) (State)
JU	RECEIVED BY REGISTRAS	S SIGNATI	IRE MAIN	25. PUNERAL DIRECTOR	Brow. 18	ADDRESS OUE Londons
	VS 150	·····································	Per addresses 150	4/		150



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered	No	

4	BI	RTH NO.		CLIVIII ICAI	L OI DEATE			
		NAME OF DECEASED ype or Print)	ERNARD	Moses		2. DATE OF DEATH	TLY 26, 1950	
		PLACE OF DEATH: Baltimore City, Maryl	(D) AW	Souta	4. USUAL RESIDE	NCE (Where deceased lived. B. COUNTY		
	B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TRIVING (If outside corporate limits)							
	114	Perai A	Lorgital		township)			
0	c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)			
		SEX 6. COLOR C	R RACE 7. SING	LE. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year last birthday) Months: Days Hours Min.			
	10	A. USUAL OCCUPATION	Givekindof 10B, KII	ND OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	1 12. CITIZEN OF	
3	100	done during most of working life, ever		INDUSTRY	ma	yland	WHAT COUNTRY?	
	13	3. FATHER'S NAME			14 JOTHER'S MAIDEN NAME			
	15	. WAS DECEASED EVER IN U	, S. ARMED FORCES? war or dates of service)	16. SOCIAL	17. INFORMANT	en	ADDRESS	
	(100	(1 30, 810	war of dates of activice)	SECURITY NO.	Butto m	moses 36ek m	min Bloc	
		18. 332 X		CAUSE	OF DEATH		INTERVAL BETWEEN	
		DISEASE OR CON LEADING (This does not mean the	TO DEATH	C	which the	mercia		
		heart failure, asthenia, e injury or complication	etc. It means the dise	ase,				
	7							
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  DUE TO  (C)  OTHER SIGNIFICANT CONDITIONS CON-							
	RTIF	OTHER SIGNIFICAN						
,	E C	TRIBUTING TO THE DEA	ATH, BUT NOT RELA	IT.	••••••			
	AL	19a. DATE OF OPERATION	ON 2 198. MAJO	R FINDINGS OF OPER	RATION		YES NO	
	EDIC	21A. ACCIDENT, SUICID HOMICIDE (Specify)		LACE OF INJURY (e. g., i e,farm,factory,street,office bldg.,			, give exact location)	
	Σ	21D. TIME (Month) (Da OF INJURY	y) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
3			m.	0				
,	deceased alive on 26, 1950, and that death occurred at 11:404m., from the causes and on the							
		23A. SIGNATURE	11/2010	2	3B. ADDRESS	Hun	23c. DATE SIGNED	
			DATE	M. D. 24C. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (City, tow	7/26/3-6 rn, or county) (State)	
	( <u>/</u>	Bremoval (Specify) Lucial	428/150	Hebrer Tuen	chlip !	Tulaski bh	ghowy and	
		TE RECEIVED BY REG	ISTRAN'S SIGNA	TURE	25. PUNERAL DIRE	CTOR	ADDRES COL	
	1	VS 150	until ter 1	Michelle Mill	Jours Jon	Thermoson !	TOU CONSON	
			<b>6</b>		ABRI	7	833	

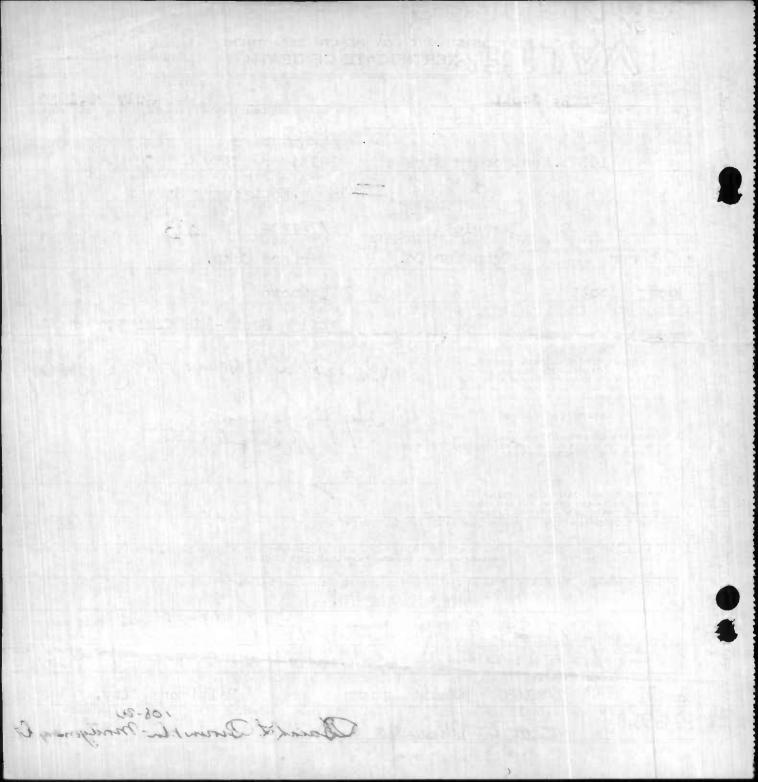


The A	357  BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT 50 6537 E OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) HAYES Adams	2. DATE 0F 7- 25-50
fully supplied.	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  JOHNS HOPKINS MOSPITAL	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
regibly	Yrs. Mos. c. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 402 E. LAFAYETTE St. Ave
ld be	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  3-26-02  9. AGE (In years   11 Under 1 Year   11 Under 24 Hours   12 Months   12 Months   13 Months   14 Months   14 Months   14 Months   15 Months   15 Months   16 Mon
BINDING of information shou uses of death clearly	10A. USUAL OCCUPATION (Givekindof) work done during most of working life, even if retired.  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (You no or unknown) (If you give war or dates of service)  SECURITY NO.	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME  17. INFORMANT  ADDRESS
BIN	No 719-07-1595	JOHNS HOPKINS HUSPITAL
Every ite	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	of DEATH  Led Compression  2 days
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Het .	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	PATION   20. AUTOPSY?
ILY, WITH	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
Cin	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  MHILE AT WORK AT WORK AT WORK	
especie	deceased alive on 7-25, 1950, and that death occur	red at 2.09, Hm., from the causes and on the date stated above.
WRI'	Dula tikely In M.D.	IOHNS ROPKINS HOSPITAL 7/25/49
PLEASE WRIT	DATE RECEIVED BY REGISTRAR'S SIGNATURE	Lem. St. michels md. 25. FUNERAL DIRECTOR ADDRESS
4 2	JUL 27 1950 Huntington Williams, Mr.	Yandalph Callick 1532 Biddle St.
	970	2536

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	50 6538 BALTIMORE CITY HE CERTIFICATI	E OF DEATH Registered No.	000
	RTH NO.  NAME OF DECEASED		
	ype or Print) George Scott	2. DATE OF DEATH July 25	1950
3.	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institu	ation: residence
	Baltimore City, Maryland Baltimore City  FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY  Marvland	before admission)
HC	DSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write	
4	143 W. Montgomery Street	Baltimore, City 220	township)
	Yrs.	o. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore		
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   Months:	
_	M C Married	9/7/1896 53	
	A. USUAL OCCUPATION (Givekind of done-during most of working life, even if retired)	V	VHAT COUNTRY
	Laborer Transfer Co.	Harford Conn.	
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	George Scott	Unknown	
68	. WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRE	
		Matilda Scott-143 W. Montgon	meryst
	18. 446 X CAUSE	OF DEATH	NTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	as be af Heuns of Mare	ah 12191
l	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	120.01	19
l	injury or complication which caused death.) OUE TO		
	ANTECEDENT CAUSES	y da teuro	
	DISEASES OR CONDITIONS, IF ANY, GIVING	(1) according to	
ı	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	10 vegace	
		No.	
l	II (C)		
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED		
1	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
			YES NO
ľ	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,		xact location)
	110/10/10/2 (Decent)	, moon occon	
1	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE		
-	22. I hereby certify that I attended the deceased from	x 12 pot 1 to 7/25, 19 2 tha	t I last saw the
	deceased alive on 7/10, 19 . O and that death occur		
1			DATE SIGNED
	M. B. 1	DV - CD WITCH A CONTROL (CITY)	unty) (State)
	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE N. REMOVAL (Specify) 7/00/50		unty) (State)
-	irial 7/29/50 Mount Aubur		DECC
10	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 106-20 ADD	7 04
1000	Churtugton / Hisus Mill	Coaised Snow the mon	yonen It
	VS 150		30
	The state of the s		



7-28-50

If Under 1 Year

12. CITIZEN OF

Cardenas

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

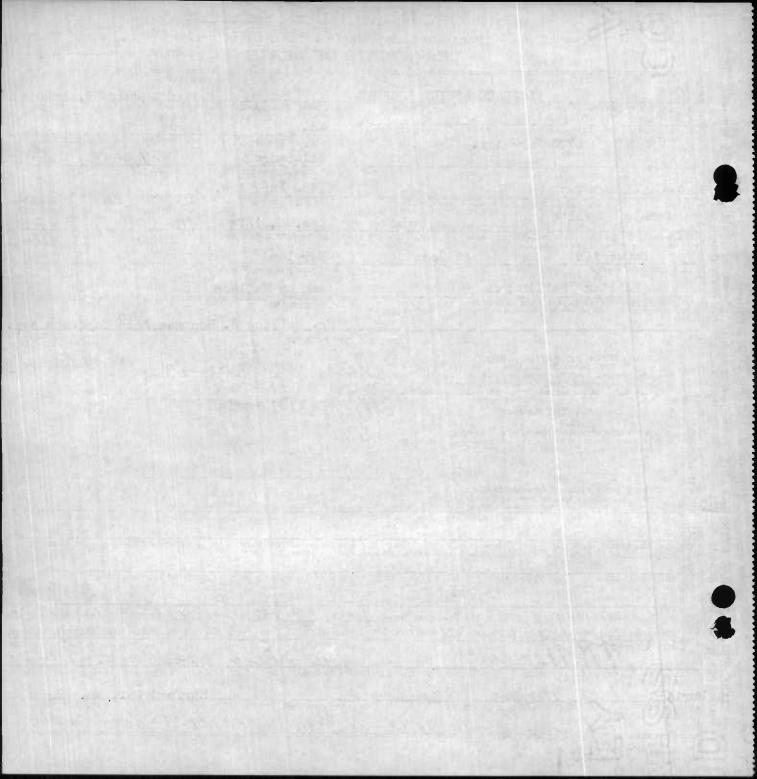
23c. DATE SIGNED

before admission)

township)

Registered No

Co. ADDRESS

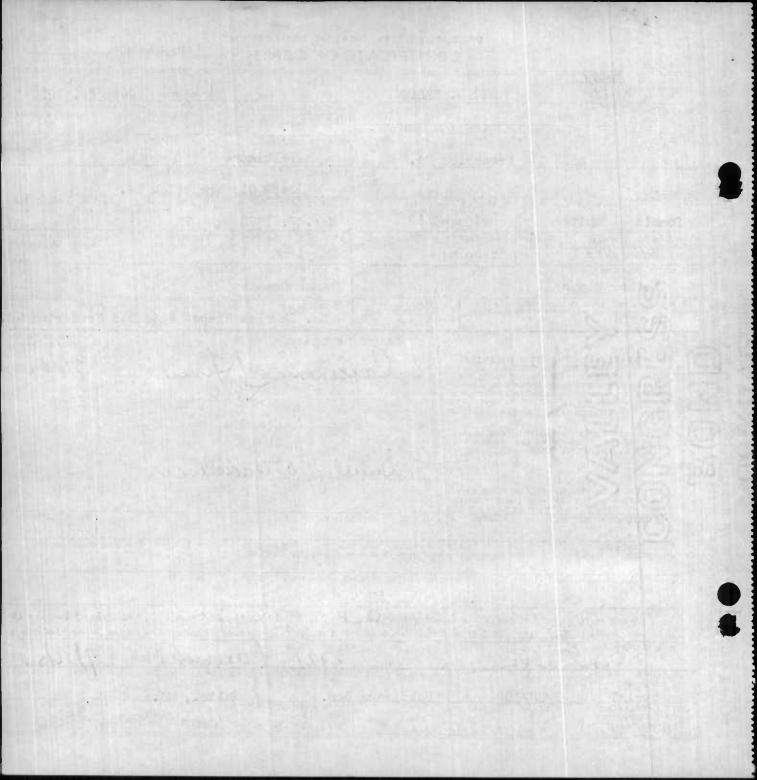


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10	0	300	6540

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	6540
Registered No	

BIRTH NO.						
1. NAME OF D (Type or Print)	ECEASED				2. DATE OF	
		MAMIE E	• BRACK		DEATH Ju	ly 25, 1950
	City, Maryland			4. USUAL RESIDENCE () A. STATE Md.	Where deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institution	on, give street address or location)		f outside corporate limit	s, write RURAL and give
INSTITUTION	3433 Old	Frederi	ck Rd.	Baltimore	4	om () (township)
52.3			Yrs.	D. STREET ADDRESS (If	rural, give location)	W. W.
c. Length of s	tay in Baltimore		Mos. Days	3433 Old H	Frederick Rd.	
5. SEX female	6.COLOR OR RACE		. MARRIED. ED. DIVORCED (Specify) <b>WOQ</b>	8. DATE OF BIRTH Mar. 7, 1878		f Under 1 Yeer If Under 24 Hours on the Days Hours Min.
10A. USUAL OC work done during most Home m	CCUPATION (Give kind of of working life, even if retired)	At Hom	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
Lotha	r Riepe			Anna Ortman		
15. WAS DECEAS (Yes, no or nnknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Charles Ri		DDRESS d Frederick Rd
(This doe heart failt injury or	SE OR CONDITION LEADING TO DEA s not mean the mode oure, asthenia, etc. It mes complication which of	TH of dying, e. g ans the disease caused death.	DUE TO	lenesme of t	fever	3 Whr
RISE TO	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	G	olies arteurs	lures	
TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D	0		
. 19A. DATE			FINDINGS OF OPER	RATION	made and the	20. AUTOPSY?
HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
21D, TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
	by certify that I at	tended the	deceased from	1950, to		_,that I last saw the he date stated above.
23A. SIGNA	TURE ()	_, 19 \( \frac{1}{4} \).		23B. ADDRESS FILL	1 sell Ov	23c. PATE SIGNED
24A. BURIAL. TION, REMOVAL	Specify)		M. D. ]		OCATION (City, town	, or county) (State)
Buria DATE RECEIVE			Baltimore	Cem Bal	to., Md.	ADDRESS/
LOCAL REGIST		to W	lians M. M.	Um. ich	suer Hors	Sallo
VS 150		8	1. 113 1 M Marian			46 F

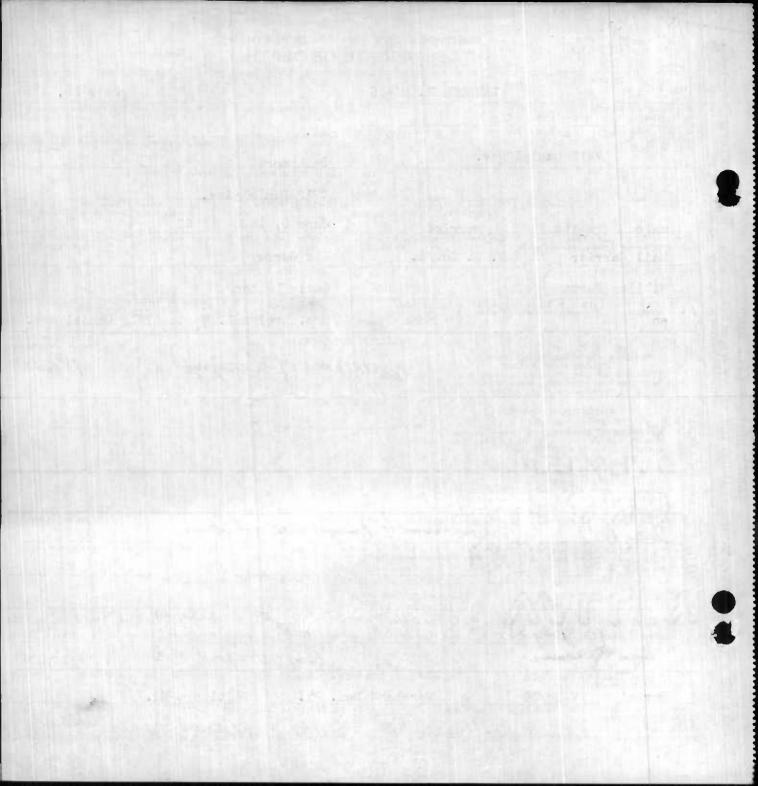


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	50	6541

74 (7.24)	EALTH DEPARTMENT 50 6541  F. OF DEATH Registered No.
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) RAYMOND R. MARTS	2. DATE OF DEATH July 25, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
HOSPITAL OR location)	
7712 Daniel Ave.	Baltimore 27-00
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	7712 DanielSAve.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  male white married	3. DATE OF BIRTH  9. AGE (in years if Under 1 Year last birthday)  June 6. 1888  9. AGE (in years if Under 24 Hours Mills of the second of the
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
ork done during most of working life, even if retired U. S. Gov't.	New Jersey
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Marts	Sadie Leiton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) RO 16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS Mrs. Evelyn L. Marts 7712 Daniel Ave.
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Dec. 1949 198. MAJOR FINDINGS OF OPER.	RATION 20. AUTOPSY: YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY  WHILE AT NOT WHILE	
m.   WORK   AT WORK	
deceased glipfon fully 25, 1960, and that death occur	rred at 11 m., from the causes and on the date stated abo
23A. SIGNATURE 2	23B. ADDRESS (21) Harfred Rd 23C. DATE SIGNE
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (Stat
Burial 7/28/50 Moreland Me DATE RECEIVED BY REGISTRAR'S SIGNATURE HOCALOREGISTRAR	em. Pk.   Baltimore Md.
101 27 1950   Huntwester Williams, M	Vim. Julener Topis wealth

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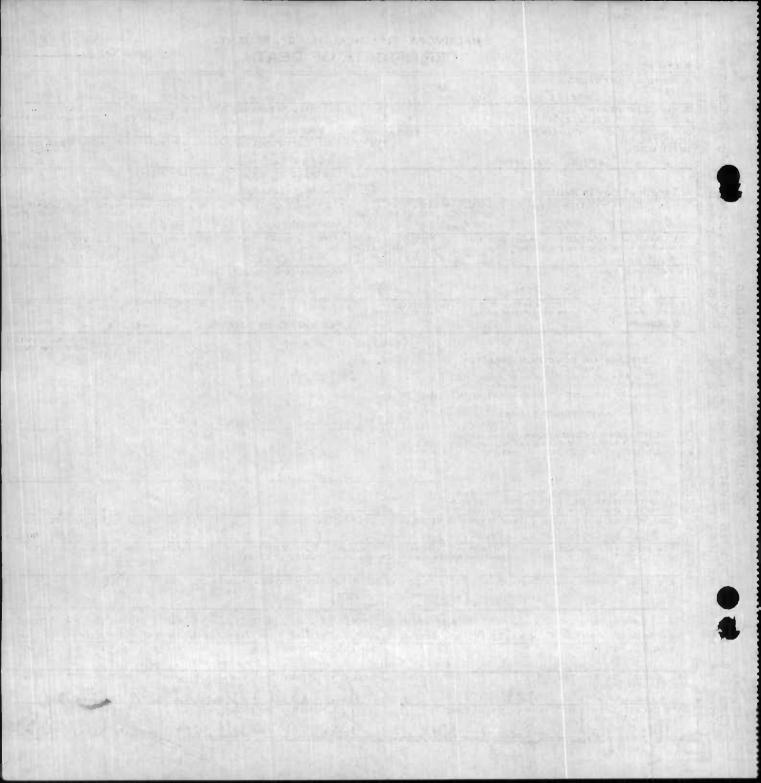
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~	50	6542

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

X	50	6542
Regi	stered No	)

BIRTH NO.	OEKTII IOKTI	E OF BEATTI		
1. NAME OF DECEASED			2. DATE	
(Type or Print) CHARLES RAY 5	TAMPS		OF DEATH	TULY 26, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE A. STATE		l. If institution; residence
B. FULL NAME OF (If not in hospital or ins HOSPITAL OR INSTITUTION	titution, give street address or location)		(If outside corporate l	imits, write RURAL and give township)
UNION MEMORIAL HOSPITAL		DANVILLE		
The state of the s	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location	)
c. Length of stay in Baltimore	Days	219 COLLEGE	AVE.	
5. SEX 6. COLOR OR RACE 7. SIN WI	NGLE, MARRIED, DOWED, DIVORCED (Specify)	B. DATE OF BIRTH  JANUARY 30, 190		Months Days Hours Min.
	MARRIED	11. BIRTHPLACE (State o		1 12. CITIZEN OF
work done doring most of working life, even if retired)	() INDUSTRY		z zoreigh country)	WHAT COUNTRY?
SALESMAN / OU	to Parly UD	TEXAS		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
CHARLES K. STAMPS	(DECEMBED)	MYRTLE KIL	LMAN	
15. WAS DECEASED EVER IN U, S. ARMED FORCE (Yes, no or onknown) (If yes, give war or dates of service	S? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
UNKNOWN		MRS. KATHERINE STA	MPS DANI	ILLE VA.
18. 444 V	CAUSE	OF DEATH		INTERVAL BETWEEN
(This does not mean the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.  UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE	death.) DUE TO  (B)	at operale	Aleseon	
TO THE DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
	RTEN SION	AS A STATE OF		YES NO
21A. ACCIDENT, SUICIDE, 218.	PLACE OF INJURY (e. g., income, farm, factory, street, office bldg.,	n or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore Cit	ty, give exact location)
OF INJURY (Month) (Day) (Year) (Hour)	WHILE AT   NOT WHILE	ED 21F. HOW DID INJU	JRY OCCUR?	
	m.   WORK AT WORK	w ()	Turne 21	0.50 13 1.72
22. I hereby certify that I attended				
deceased alive on July 26, 195		red at <u>3:00 p.m., fron</u> 38. ADDRESS	n the causes and o	n the date stated above.
	and le		money from	7/95/50
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  DATE RECEIVED BY   REGISTRAR'S SIGN	24c. NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, to	, , , , , ,
LOCAL REGISTRAR REGISTRAR'S SIGN	- W/11: 4 = 1	That O Toure	U 1427 Pdm	aulsey auc
Vs 150	1/04/10		3	



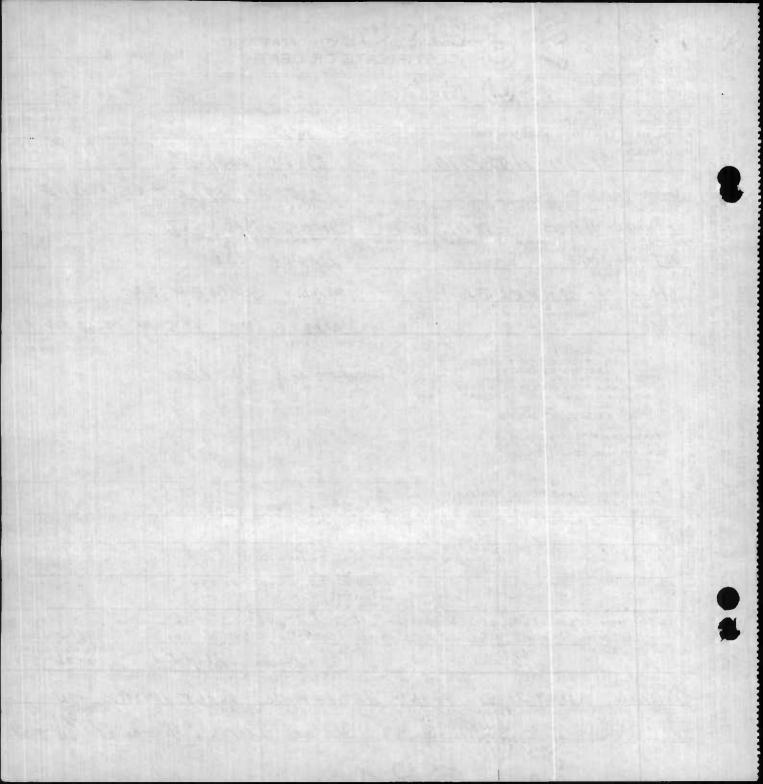
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### HEALTH DEPARTMENT BALTIMORE CERTIFICATE OF DEATH

Registered No.	6543
registered 140	

B	RIH NO.2.	
1.	NAME OF DECEASED LEONA /VIET	2. DATE OF DEATH 7-26-50
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	
	ISTITUTION "	C. CITY OR TOWN (If outside corporate limits, write RVP IL and give township)
1	SIANI HOSPITAL	BALTIMORE
	Yrs.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Mos. Days	105 N. MILTON AVE
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   11 Under 1 Year   11 Under 24 Hours   last birthday)   Months Days   Hours   Min.
	FEMALE WHITE MARRIED	JUNE 27 1918 37
10	A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
wur	k done during most of working life, even if retired)	WHAT COUNTRY?
	AT HOME	13HLT. I MORE
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	OHN J- UNKELBAON	MARY J. MEELFAM
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 8, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	NO	WM. NIES 105 N. MILTON AU
	18. FE / O CAUSE	
	20/10	OF DEATH
	DISEASE OR CONDITION DIRECTLY	1. 1 1.
	(This does not mean the mode of dying, e.g., (A)	hoois of the liver
	heart failure, asthenia, etc. It means the disease.	in in the second
	injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	
NO	(B)	
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
A	UNDERLYING CONDITION LAST.	
FICA		
1	_(C)	
ERTI	OTHER SIGNIFICANT CONDITIONS CON-	
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED	Mary anems
U	TO THE DISEASE OR CONDITION CAUSING IT.	
1	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	
V		YES NO U
ă	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,	nor 21C. WHERE DID (If in Baltimore City, give exact location)
ш	about nome, farm, sactory, street, omce bidg.,	INJURY OCCURY
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
	OF INJURY	
	m. WHILE AT NOT WHILE	
		- 8 . 1950 to 7.26 . 1950 that I last saw the
	- ite of the contract the deceased from	
		rred at 4:45%. m., from the causes and on the date stated above.
		38. ADDRESS
	felfanio M.D.	Lines / pospeled 2-26-50
2.	4A. BURIAL, CREMA- ON, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
		2 24 - 14: - 4:
		DEEMER ISAUT /MORE MD
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	1111 071050	Willed General Bone Materia 14
-	111 / 1330 Turtuglos / Musuls, Mal	warmen anning some amount
	VS 150	



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BIN	of i	uses
OR	tem	e ca
1	ry.	th
SVED	Evel	write
RESE	INK.	please
MARGIN RESERVED FOR BINDING	PLEASE WRIT	Physicians:
	WITH	ortant.
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		peciany
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	WR	e is
	田	ag
	AS	ect
	PLE	corr

BI	6544 BALTIMORE CITY HE CERTIFICATE		6544
1.	NAME OF DECEASED	2. DATE OF	
	RUTH MARIE PFEIFFER (MRS. GEORGE PLACE OF DEATH:	M.) DEATH July 26 4. USUAL RESIDENCE (Where deceased lived, If inst	
A.	Baltimore City, Maryland	A. STATE B. COUNTY	before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, w.	rite RURAL and give
IN	UNION MEMORIAL HOSPITAL	FULLER TON	township)
C	Yrs.  Length of stay in Baltimore /2 Days  Length of stay in Baltimore /2 Days	D. STREET ADDRESS (If rural, give location)  CLIFF VALE AVE.	0.0
Section 1999	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years)    Unde	r 1 Year   II Under 24 Hours
F	EMALE WHITE MARRIED (Specify)	DECEMBER 15, 1917 last birthday) Months	Days Hours Min.
10. work	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)  HOUSE WIFE		CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	MARYLAND  14. MOTHER'S MAIDEN NAME	U. S. A.
	HENRY C. FRITZ	MARGARET MILLER	
15 (Yes	was deceased ever in U, S. armed forces?   16. Social   1	17. INFORMANT ADDR	RESS
	No	MR. GEORGE M. PFEIFFER FULLERT	on , MD.
CERTIFICATION	DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	post speratur (7 day) ter basal cell cheliona, malijnat	(our)
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
EDICA	JULY 18, 1950  CRANIC - PHARYNGICMA  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., et		1123
Σ	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE OF INJURY   WHILE AT   NOT WHILE AT WORK   AT WORK	21F, HOW DID INJURY OCCUR?	
	tal. Shoemaker M.O.	red at 5:30 p.m., from the causes and on the of 3B. ADDRESS My Prop Balt 2	late stated above. 3c. DATE SIGNED
24	A. BURIAL, CREMA- 2/B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or o	County)' (State)
DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AL	DRESS

4.3

Del Donnud File 50-6544 8.24.50 Es

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MARGIN RESERVED FOR

MLY, WI	TH UI	NFADING	INK.	Every	item o	f in	formation	should by	-15	VLY, WITH UNFADING INK. Every item of information should be unly supplied. The	. The	1
y importar	it. Pl	nysicians:	please	write th	e caus	es o	f death cle	arly and	legib]	ly.		)-

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF MARY DAVIES DEATHJULY 25, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION Edgewood Nursing Home Baltimore Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore 612 N. Highland Ave. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Married Aug. 14. 1866 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired INDUSTRY WHAT COUNTRY? At home Wales. England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Davies Anne Leyskon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or uoknowo) SECURITY NO. No. Mrs. James White 830 S. Warwick Road INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF **OPERATION** 20. AUTOPSY CAL 21c. WHERE DID 21B. PLACE OF INJURY (e. g., or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1950that I last saw the 22. I hereby certify that I attended the deceased from the m., from the causes and on the date stated above. 19 deccased alive on \_\_\_, and that death occurred at. 23A. SIGNATURE 23C. PATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) July 28. 19501 Oak Lawn

Colgate. Md.

ADDRESS

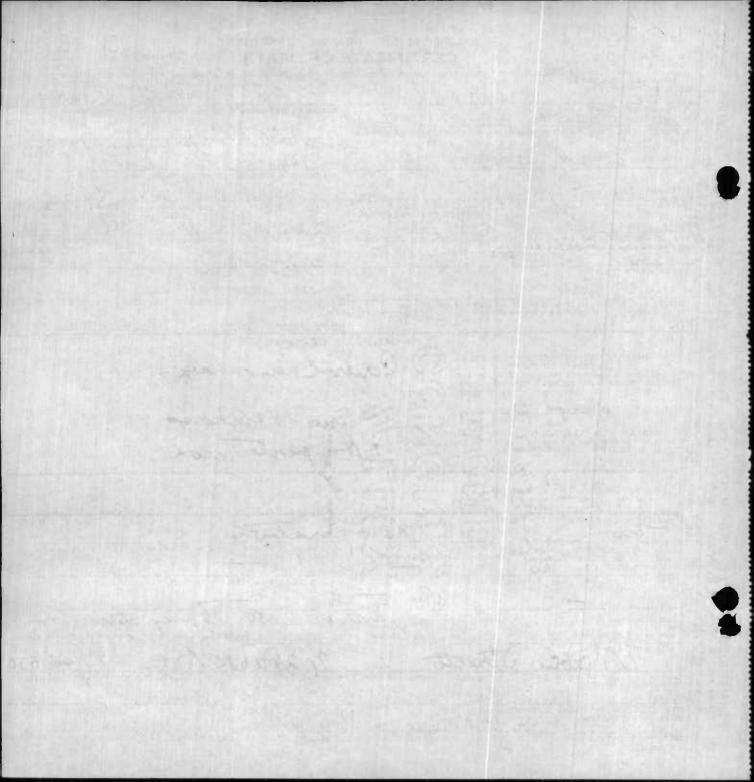
township)

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAN milie alor

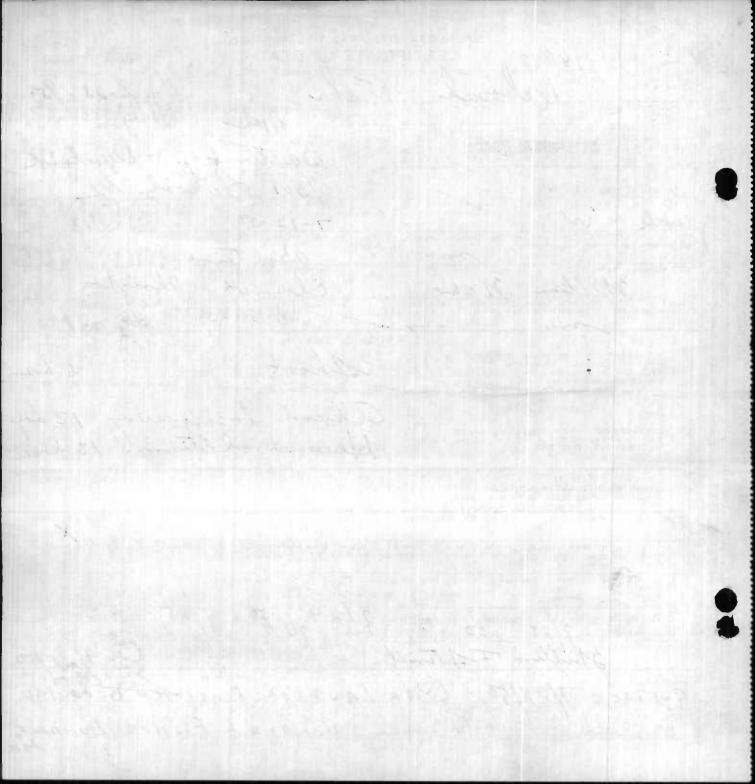
25. FUNERAL DIRECTOR

Ullrich Fineral Home 2008 Orleans St.,

VS 150



11	-600		0 0510
The		ATE OF DEATH Registered No.	0 6546
	1. NAME OF DECEASED (Type or Print)	2. DATE OF DESTRUCTION	25/900
ıpplie	3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where decessed lived, It ins	stitution (residence before admission)
fully supplied.	B. FULL NAME OF (If not in hospital or institution, give street address Institution (If not in hospital or institution) (If not in hospital or institution, give street address Institution) (If not in hospital or institution, give street address Institution) (If not in hospital or institution, give street address Institution) (If not in hospital or institution, give street address Institution) (If not in hospital or institution, give street address Institution) (If not in hospital or institutio		write RURAL and vive
ri lorga	M M	rs. D. STREET ADDRESS (figural give location)	no Fran
ld be	F. SEX 6. COLOR OR RACE 7. SINCKE, MARRIED, WIDOWED, DIVORCED (Sp.	ecify) 8. DATE OF BIRTH 9. AGE (In years   William   Month	der I Year II Under 24 Hours hs: Days Hours Min.
should early a	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OF INDUS		2. CITIZEN OF WHAT COUNTRY?
NG rmation death cl	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4
of of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY No.	O. 17. INFORMANT HOPKINS HOSPITAL ADD	DRESS
BII) a of	18. 5 7 4 X CAUS	SE OF DEATH	DITERVAL BETWEEN ONSET AND DEATH
FO ry it the	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	Shock	6 hrs
RVED Evel write	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES		4
RESERVED INK. Ever please write	DISEASES OR CONDITIONS, IF ANY, GIVING	Chand Insufficiency	13 days
_ 5	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)	Herrophrodelism V	13 dys
MARGIN UNFADIN Physicians	OTHER SIGNIFICANT CONDITIONS CON-	phrodetism.	0
ш.	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF O	PERATION	20. AUTOPSY?
LY, WITH important.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office b	e.g., in or   21c. WHERE DID (If in Baltimore City, give   INJURY OCCUR?	
NLY,	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU		
pecitar	22. I hereby certify that I attended the deceased from.	7/24 1950 to 7/25 , 1950;	that I last saw the
rrit is es	deceased alive on 125, 19 ond that death of		date stated above.  23c. DATE SIGNED
PLEASE WRI	TION, REMOVAL (Specify)	ETERY OR CREMATORY 240. LOCATION (City, town, or	
PLEA	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	1 .	ADDRESS
	VS 150	KOLAND L. FISHER	DUNDALK,
i i		6	12/2



fully supplied. should be clearly information s of death cle of 0 RESERVED INK. DING hysicians: K UNF important.

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DEGEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If invitation: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or BALTO HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION LINES HOPEINS HOSPITA Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min. BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work dooe during most of working life, even if retired) INDUSTR LERK GO I ATON 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 057 6 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, oo or unknown) (If yes, give war or dates of service) SECURITY NO JOHRS HOPKINS HOSPITEL UNK 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. Ü ERTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

WHILE AT NOT WHILE

-26 22. I hereby certify that I attended the deceased from\_ 190 0 to.

WORK

. 1950, that I last saw the 10Pm., from the causes and on the date stated above. deceased alive on 1- 26 1950, and that death occurred at. 23A. SIGNATURE 23B. AE 23c. DATE SIGNED

24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

BURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

LOCAL REGISTRAR FISHER AND

before admission)

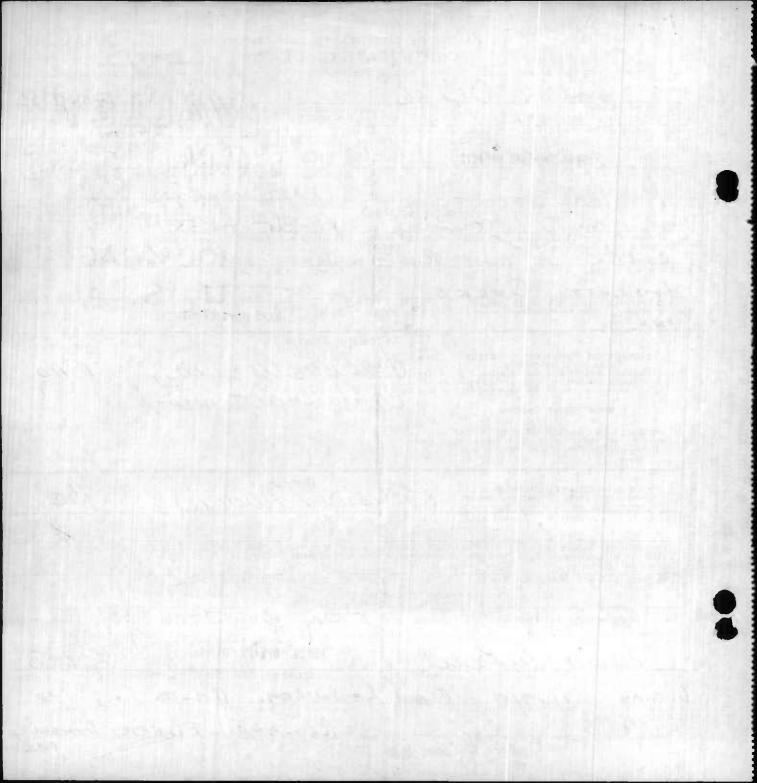
12. CITIZEN OF

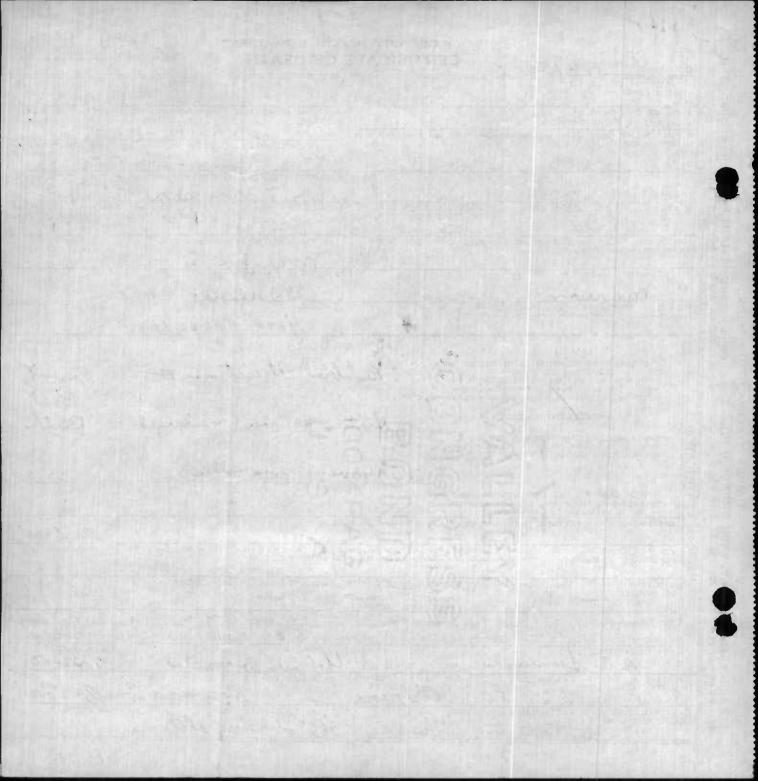
ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

township)





MARGIN RESERVED FOR BINDING

# BALTIMORE CITY HEALTH DEPARTMENT

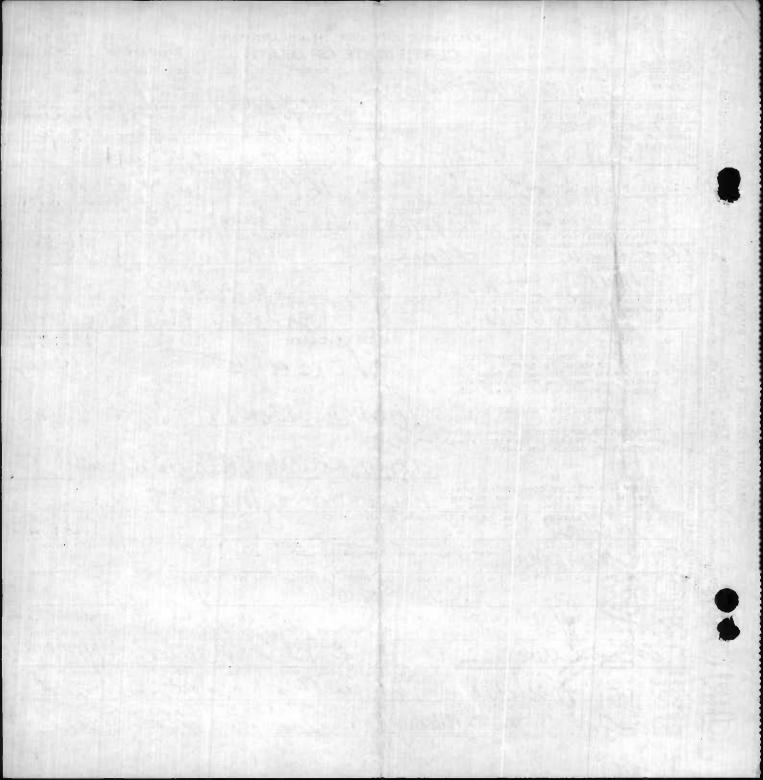
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V	000			CERTIFICAT	E OF DEATH	Registered	No.
BI	IRTH NO.						
1. (T	NAME OF Di	ECEASED	Mary A	A. McGee,		OF July	y 25, 1950
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (	Where deceased lived.  B. COUNTY	If institution : residence before admission
	FULL NAME	OF (If not in hospit	tal or institut	tion, give street address or			10
	SPITAL OR	7575 11	and lone	location)	c. CITY OR TOWN	If outside corporate lin	nits, write RURAL and give township
1	0	3535 Haywe	tra Ave.		Baltimore,	61	10
9			10.00	Yrs.	D. STREET ADDRESS (I	f rural, give location)	
c.	Length of st	tay in Baltimore	X - 400 -	Mos. Days	3535 Hayward	d Ave.,	
	sex emale	6.COLOR OR RACE white	7. SINGL WIDOV W10	E, MARRIED, VED, DIVORCED (Specify) IOW	B. DATE OF BIRTH Dec. 8, 1875	9. AGE (In years last birthday)	Il Under 1 Year Months Days Hours Min
10	A. USUAL OC	CUPATION (Give kind of	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
wor]	housewif	working life, even if retired	e+ 1	nome INDUSTRY	Baltimore Co	ounts: Md.	WHAT COUNTRY
13	FATHER'S N		201	тоше	14. MOTHER'S MAIDEN I		Cebene
			17 1/2				
1.5		Martin		0	Eliza	beth Zink,	
(Ye	o, no or nokoowa)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			none	Mrs. Kathleene M	M. Huck, 3535	Hayward Ave.,
	18. 47	0.0.		CAUSE	OF DEATH		INTERVAL BETWEE
	/	SE OR CONDITION	DIRECTLY	0		f,	
		LEADING TO DEA	TH		ococeases /	brompos.	es Lumes
	heart failu	re, asthenia, etc. It me	ans the diseas	se.			
	injury or	complication which	caused deat				3. 7
	ANTECEDENT CAUSES			Pate	reseleratio	4+ Xi	7111
O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			10032333	111:00	· A 4Ts.	
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CA				. B 40.		. 10. 7	
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CE				Thy Derte	uscon	(4r!	
,				FINDINGS OF OPER	RATION		20. AUTOPSY?
AI		U					YES NO
EDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, nffice bldg.,		(If in Baltimore City	, give exact location)
Σ	21p. TIME (	Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUF	RY OCCUR?	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE						
	m.   work   AT WORK						
	22. I hereb	y certify that I at	tended the	deceased from	une (V, 1950, to J1	uly 25, 19!	50, that I last saw tl
					rred at Pan., from		
	23A. SIGNAT		del		23B. ADDRESS		23c. DATE SIGNED
		Yours.	etol	o alamo.	5901 Park Heigh	hts Ave.,	July 1950
24	4A. BURIAL. CON. REMOVAL (S	REMA- 24B. DATE			RY OR CREMATORY 24D.	LOCATION (City, tow	vn, or county) (State,
111	burial	July 28	3 1050	Druid Ridg	o Com Pikes	ville, Balto.	County, Md.
	ATE RECEIVE	D BY   REGISTRAR			25. FUNERAL DIRECTOR	- ALLOS DAT COS	ADDRESS
L	OCAL REGIST	PAP	F 14.511	isult, Mall		- 4611 Pork	Hoi abia Area

THE DESCRIPTION OF THE PARTY OF THE WARD SOLEN BY CONTROL OF THE PART HOLD 207 20 413 1 M 1111 M - 1/2/ Ms. Simuld W me La-

	q p	and
	PLEASE WRITH NLY, WITH UNFADING INK. Every item of information should b	correct age is especially important. Physicians: please write the causes of death clearly and
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M5	0	BALTIMORE CITY HEALTH DEPARTMENT Registered No. 6530
The	1.	NAME OF DECLASED
supplied.		PLACE OF DEATH:    4. USUAL/RESIDENCE (Where deceased lived/If institution; residence)
ddns	В.	Baltimore City, Maryland  B. COUNTY  before admission)  FULL NAME OF (If not in hospital or institution, give street address or
llly .	IN	OSPITAL OR STITUTION C. CITY OR TOWN (If outside corporate limits, waste KIRAL and give township)
fr	C.	Length of stay in Baltimore SO Mos. Days Length of stay in Baltimore
ld b	-	SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE In wars last in the ay Months Days Hours Min.
NG rmation shoul death clearly	10 work	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (State or foreign country)  WHAT COUNTRY?
tion h cle	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
VDING information should s of death clearly an		DANIEL DORSEY UNKNOWN
BINDING of inform uses of dea	(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  M. DO OF UNKNOWN)  ADDRESS  AD
		18. 450./ CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
t k		Olsease or condition directly  (Eading to Death  (This does not mean the mode of dying, e.g., (A)
MARGIN RESERVED I UNFADING INK. Every Physicians: please write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	Z	ANTECEDENT CAUSES GOANGNENE OF LEFT OUT 6 WKS
	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.
	ERTIFIC	602NERALIZED ARTERIOSCIEROSIS!
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED HALL NUTCHTION & DERY DIATION
-	AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
ILY, WITH important.	EDIC/	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, atreet, office bldg, etc.) INJURY OCCUR?
NLY, impo	M	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?
N N		OF INJURY  WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK
P P P P P P P P P P P P P P P P P P P		22. I hereby certify that I attended the deceased from of the deceased alive on 19, that I last saw the deceased alive on 19, and that death occurred at 100 cm., from the causes and on the date stated above.
		232 ADRESS ADRESS ADRESS AND THE CHARLES AND T
PLEASE WRI correct age is	24 T10	M. D.   AA. BURIAL, CREMA- 24B. DATE   24C. NAME OF CEMETERY OR CREMATORY 24B. LOCATION (City, town, or dunty) (State)
PLEAS correct	1	ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. EUNERA PRECTOR TO TOPH STORY
PL		OCAL REGISTRAR Thuttuaton Williams Mr 1681 Druid Kill are
	1	JUL <sub>s</sub> 4 <sub>50</sub> 1830



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Maryland ADDRESS St. Paul Street

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

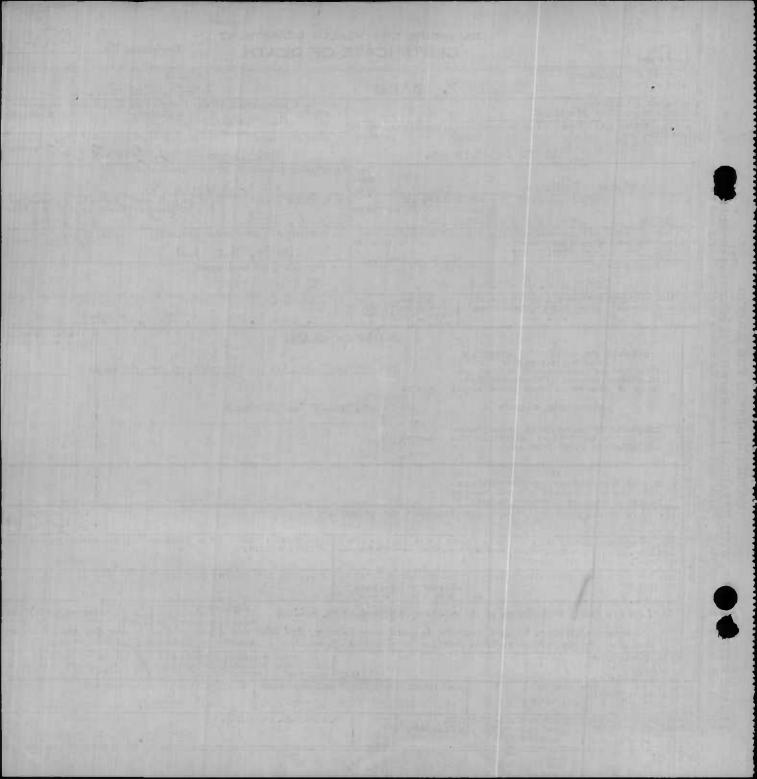
DNSET AND DEATH

20. AUTOPSY7

thereon and from

23c. DATE SIGNED

July 27, 1950



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	fully supplied. T	Serolly.
NDING	PLEASE WRIG P NLY, WITH UNFADING INK. Every item of information should be	es of death clearly and re
MARGIN RESERVED FOR BINDING	K. Every item of	se write the cause
MARGIN RES	UNFADING INI	Physicians: pleas
	NLY, WITH	ry important.
	PLEASE WRIG	correct age is especial

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24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

VS 150

1	-452	50	0
lik	BALTIMORE CITY HE	EALTH DEPARTMENT OU	6552
	50 6552 CERTIFICAT	E OF DEATH Registered No_	
	BIRTH NO.		
П	1. NAME OF DECEASED (Type or Print)	2. DATE OF	
1	Harriet L. Sellens	DEATH July	25, 1950
	3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If mat a. STATE B. COUNTY	itution ; residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or		
	HOSPITAL OR location) INSTITUTION 1907 Boone St.	C. CITY OR TOWN (If outside corporate limits, w. Baltimore	rite RURAL and give township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
1	Mos.	1907 Boone St.	
1	c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		r I Year   M Under 24 Hours
	WIDOWED, DIVORCED (Specify)	last birthday) Month:	Days Hours Min.
	F W Single	Feb. 12, 1879 71	
1	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)		CITIZEN OF WHAT COUNTRY?
-	At home	Baltimore . Md.	U.S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John Sellens	Mary E. Lewis	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDR	RESS St.
	(Yes, no or unknown) (If yes, give war or dates of service)   SECURITY NO.		
	no 216-09-2719	A M. Florence Sellens 19	
	18. 33/X CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		
		erebral Hemoryhage	3 1/18
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES (B)	-/ spertensing	5415.
	O DISEASES OR CONDITIONS, IF ANY, GIVING	Juffer Vale Collection St. R. D. C.	

#### RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ERTIFICAT UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID

21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT AT WORK WORK , 19 48 to 7-24 22. I hereby certify that I attended the deceased from 2-1 19 Sothat I last saw the deceased alive on 7-23 1950, and that death occurred at 10 4. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS

about home, farm, factory, street, office bldg., etc.)

122

246 DATE

23c. DATE SIGNED 7-27-50

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

INJURY OCCUR?

Baltimore, St. Mary's Govans DIRECTOR

HE FLYNN IN.

1	da d		EALTH DEPARTMENT SO	6553
The	ВІ	IRTH NO.	E OF DEATH Registered No	
14		NAME OF DECEASED Ledick Towl	Che 2. DATE OF DEATH July	26/1/50
supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission)
lly .	H	OSPITAL OR INTITUTION TOTAL ROPKINS HOSPITAL		write RURAL and give township)
fru	c.	Length of stay in Baltimore  Left  Yrs.  Mos.  Days	o. STREET ADDRESS (He was al, give location)	ne la
o lid and		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		hs Days Hours Min.
on should clearly and		DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTRY	11. BIRTH LACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
IDING information of death cl	13	B. FAMER'S NAME	14 MOTHER'S MAIDEN NAME	U.S. A
DIN nfor	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s., no or unknown) (17 yee, give war of dates of service) SECURITY NO.	17. INFORMANT ADD	DRESS
BINDIN of infor	(10	ss, nof or unknown) (If yes, give war of dates of service) SECURITY NO.	JOHAS ROPKINS HOSPITKI	
R em		18. 797.4 CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH
44		LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	od Hyserasia	
Eve Write		injury or complication which caused death.) DUE TO		
RESERVED INK. Ever please write	N	DISEASES OR CONDITIONS, IF ANY, GIVING July	u Kemic Leukemia	( free)
75	CATIO	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,	stic amemia & Septicem.	
MARGIN UNFADING Physicians:	ERTIFI	OTHER SIGNIFICANT CONDITIONS CON-		
T SH	CE	TO THE DISEASE OR CONDITION CAUSING IT.		/
WITH rtant.	AL	19A: DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	KATION	YES NO
NLY, WITH important.	MEDIC	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bidg.	in or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	re exact location)
N	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK NOT WHILE AT WORK		
		22. I hereby certify that I attended the deceased from 5	3/ 1952 to 7/26 ,1950	that I last saw the
		deceased alive on 7/ 6, 1950, and that death occur	rred at 3 m., from the causes and on the	date stated above.
WRJ e is	C	hover & Landolor M.O.	23B. ADDRESS 19HNS ROPKINS HOSPITAL	7-26.50
PLEASE WRI	34		ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
EA	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	1 25, FUNERAL DIRECTOR	ADDRESS
PL		HI 28 1950 tutugton Williams, Mrs	Raylyen Sandon	737
		VS 150	1/12 F P. 7	m of d
			· ILLIL ( ITTOM	16 00

Clinic impression: - blood dyserasia due to aplactic accenia " mith septicerica" lenkemin ruled out (alenkemin Dee Donnert File 50-6553 ED. 10-24-50 DO NOT COPY ABOVE ON TRANSCRIPT! (FOR STATISTICKE CODING ONLY) Elect Pysicisis My constant of the constant on applied the ment of the wine 5. 7. 5

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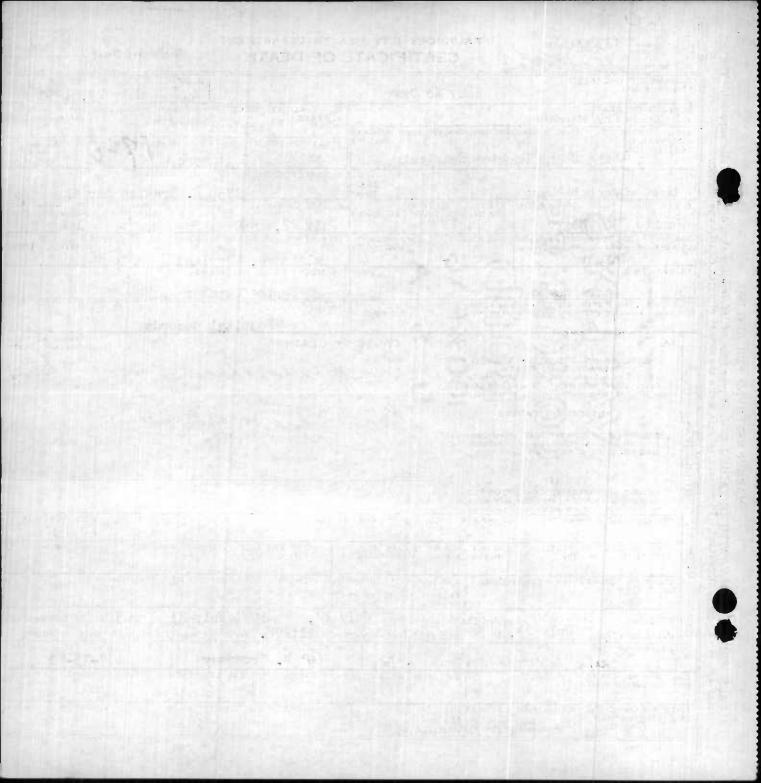
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	50 6554  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No. 6554	
	1. NAME OF DECEASED	2. DATE OF T
	(Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence a. STATE ) B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
STOLY.	West Balto General Itosp.	D. STREET ADDRESS, (If rural, give location)
TOT IN	E. Length of stay in Baltimore    Jay   Mos. Days	8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   If Under 24 Hours
Ly all	temple white . WIDOWED, DIVORCED (Specify)	June 14, 1950 15
Clear	10A. USUAL OCCUPATION (Give kind of or control of or control of co	Bollo, md.
Edul	Harry Frank Sullivan	14. MOTHER'S MAIDEN NAME
70 62	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS  Mother 16/3 ashburtonst
3 11 6	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	of DEATH Substitutions of DEATH Substitution of DEATH Substitutions of Death Onset and DEATH D
III.	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	20. AUTOPSY? YES NO
non	21a. ACCIDENT. SUICIDE.    21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   21c. WHERE DID (If in Baltimore City, give exact locations)   1	
ally 1	OF INJURY  MHILE AT NOT WHILE  M. WORK AT WORK	
nadea er ag	22. I hereby certify that I attended the deceased from from the causes and on the date stated above.  deceased alive on 1,190, and that death occurred m., from the causes and on the date stated above.  23A. SGRATURE  M. D. Culture from the causes and on the date stated above.	
rect ag	24A. BURIA, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or Jounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ALL LOCAL REGISTRARY MILES AND AL		

159



BI	655550-/5022) RTH NO. 20-/5022	CERTIFICAT	E OF DEATH	Registered N	0 6555
1. (T)	NAME OF DECEASED ype or Print) B	aby Mc Cray		OF DEATH July	23, 1950
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	B. COUNTY	institution : residence hefore admission
HC	OSPITAL OR	tution, give street address or location)	Maryland	4	s, write RU tAL and giv
IN	The Johns Hopkins	Hospital	Balti		township
,	Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If )		01
	SEX   6. COLOR OF RACE   7. SING	Days GLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	Under I Year   If Under 24 Hour nths; Days   Hours; Min
	Female Negro Si	ngle (Specify)	July 22, 1950		1 Hours Min
work	dooe during most of working life, eveo if retired)	ND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
13	Infant .		Baltimore Mary	rland	
	Lawrence Mc Cray		Bertha Hato	her	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES , no or wokoowo) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
			Hospital	Records	JINTERVAL BETWEE
ICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		ental may	formalion	,
CERTIF	II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED			
AL	19a. DATE OF OPERATION   19B. MAJ	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)	PLACE OF INJURY (e. g., i ne, farm, factory, street, office bldg.,		f in Baltimore City, g	give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT WORK AT WORK		OCCUR?	
	22. I hereby certify that I attended to deceased alive on July 23, 19 50	he deceased from Jul	red at 11:20Pm., from th	1y 23, 195 he causes and on th	he date stated abov
	deceased alive on, 19_2	3) 001100 01100 011-111	3B. ADDRESS		
	Spice Dar	M. D. 2	601 N. Broadwa		7-25-50
TIC	AA. BURIAL, CREMA- DN, REMOVAL (Specify)	24c. NAME of CEMETE	691 N. Broadwa		or county) (State)
DA	SAN SIGNATURE SAN SURIAL, CREMA-1 248, DATE	24c. NAME of CEMETE	601 N. Broadwa		7-25-50

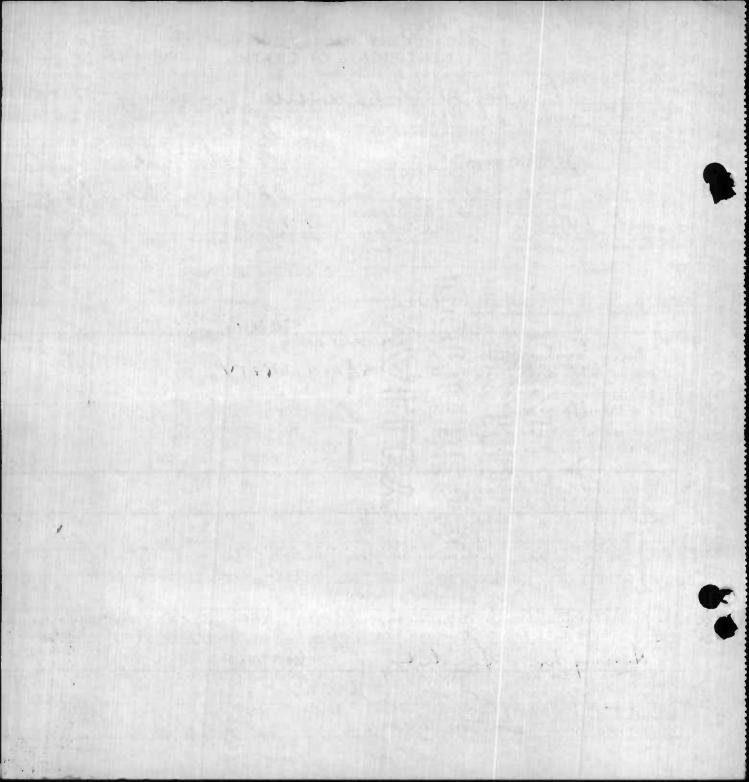


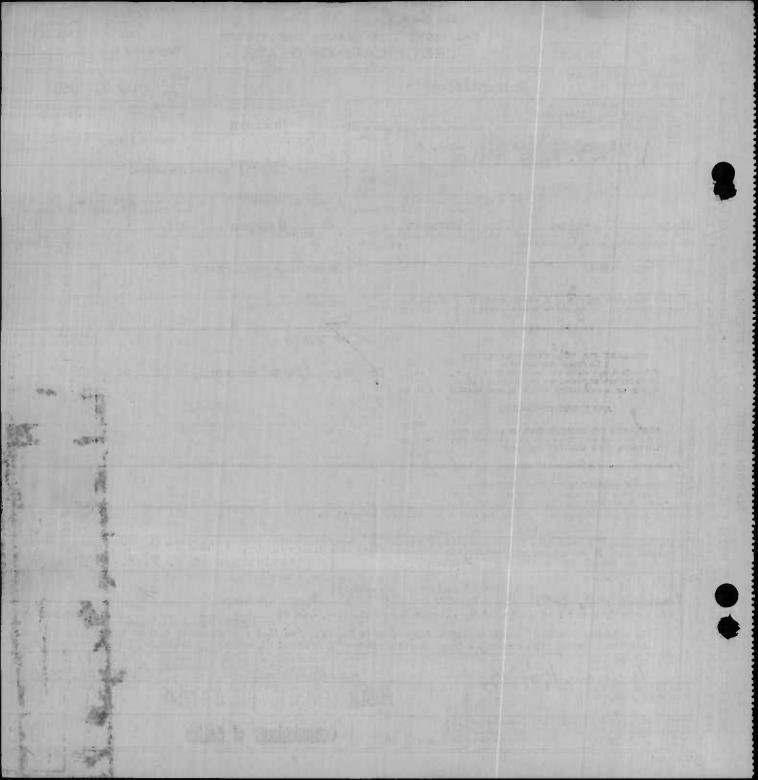
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BIRTH NO.	50-14970		E OF DEATH	Registered	50 6556 No.
I. NAME OF (Type or Print)		aby Boy Boozer		2. DATE OF 77	-24-1950
	DEATH: City, Maryland		4. USUAL RESIDENCE (		
HOSPITAL OR INSTITUTION	Baltimere 4940 East	al or institution, give street address or City Hospitalesion) ern Ave.		f outside corporate lim	its write RURAL and gi townshi
c. Length of	stay in Baltimore	Yrs. Mos. Days	d. STREET ADDRESS (If	rural, give location) Ount Stree	t
5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sing Le	8. DATE OF BIRTH	9. AGE (In years	ti Under   Year   If Under 24 Hours   Mir   12 7
10A. USUAL O	CCUPATION (Give kind of t of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	James Le	e Beezer	14. MOTHER'S MAIDEN N	Round tree	
15. WAS DECEA (Yes, no or unknown	SED EVER IN U. S. ARMET	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANBaltim Records: 4940 E	ore City H	Vogitals
(This don heart fail in jury of DISEASI	SE OR CONDITION LEADING TO DEAT not mean the mode of ure, asthenia, etc. It mean complication which complication with the above cause (A) THE ABOVE CAUSE (A) TING CONDITION LA	f dying, e. g., (A) Anoxia ns the disease, aused death.) DUE TO (ES	Congenital at	electari	(ores)
OTHER TRIBUTIN	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
	OF OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	DENT WAS UNDER-	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
2	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE  M. WORK AT WORK		Y OCCUR?	
deceased of	live on 7-24-	ended the deceased from 7 = , 1950 gild that death occur	23- , 19 50to 7 rred at 2 • 454M, from t	'-24-, 195 the causes and on t	that I last saw the date stated above
23A. SIGNA	I.	1/10/01.	38. ADDRESS		7-25-50
24A. BURIAL. TION, REMOVAL ( Cremate	Specify)	9-AM 24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	
DATE RECEIVE	D BY   REGISTRAR	Ton Millians, M.	25. FUNERAL DIRECTOR		ADDRESS
VS 150	6	Vic			159

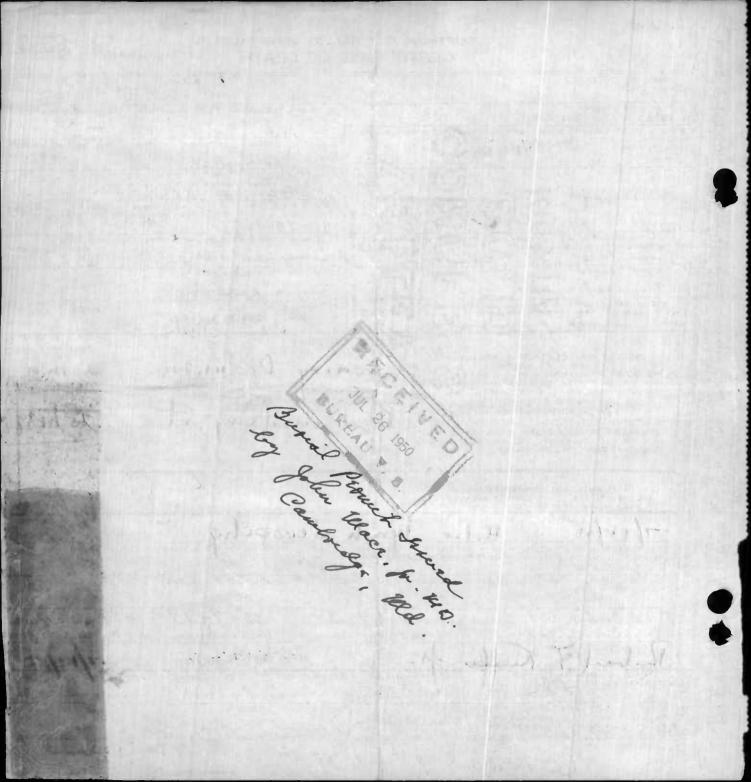
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2-7	0	Hos	pita)	D.51	2050)	Madhan e	7 2 +/	50 6557
The	50	655 RTH NO.	7	BAI		TE OF DEATH	Registered	50 6557 No.
	1. (T	NAME OF D	192	by)	Sirl 19	Jusser	2. DATE OF DEATH WE	1 15,1950
ally supplied.	A. B.	FULL NAME	City, Maryland	al or institut	LH Pression, give street address	a. STATE	CE (Where deceased lived,	If institution: residence befole admission)
ally y.		OSPITAL OR ISTITUTION	JOHNS HOPKINS	HOSPITA		19° a	llimore	mits, wate RURAL and give township
les .	c.	Length of s	tay in Baltimore		Yr Mo Da	s. 321	(If rural, give location)	s Road
should bearly and	1	sex	6. COLOR OR RACE	WIDO	E. MARRIED, VED. DIVORCED (Spec		9. AGE (In years last birthday)	Il Under 1 Year Months Days Hours Min.
	worl	k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUST	MARKET	ELS, Med	12. CITIZEN OF WHAT COUNTRY
Information of death cl	13	FATHER'S	NAME			14. MOTHER'S MAID	EN NAME	
R BINDIN	15 (Ye	. WAS DECEAS s, no or uoknown)	ED EVER IN U.S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT	INC MAN.	ADDRESS
MARGIN RESERVED FOR I UNFADING INK. Every item Physicians: please write the cau	CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	EE OR CONDITION LEADING TO DEAT not mean the mode o tre, asthenia, etc. It mea complication which c  ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA  II GIGNIFICANT CONDITION IS TO THE DEATH, BUT ISEASE OR CONDITION	TH f dying, e. 1 f dying a sawed death ES  F ANY, GIVIN STATING THE ST.  TIONS CON NOT RELATE	(B)(C)(C)(C)(C)(C)	EMATURIT	<b>Y</b>	
н.	AL	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OF	ERATION		20. AUTOPSY?
VLY, WITH	MEDIC	LYING OI CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)	about home,	ACE OF INJURY (e. larm, factory, street, office blooms	g.,etc.) INJURY OCCUR?	ş	y, give exact location)
<b>1</b>		OF INJURY		m.	WHILE AT WORK AT WOR	K L I		
WRITE		22. I hereb deceased at 23A. SIGNA	TURE 1		deceased from and that death oc	23B. ADDRESS 10MNS 70PK	om the causes and on	that I last saw the the date stated above.
PLEASE W	24 TIC	A. BURIAL, (SON, REMOVAL (S	CREMA 24B. DATE pecify)			TERY OR CREMATORY 2		wn, or county) (State)
PLE.	DA LC	ATE RECEIVE DCAL REGIST	RAR TIME	1 16/11		25. FUNERAL DIRECT	TOR	ADDRESS
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The ()	5	636  BALTIMORE CITY HI CERTIFICAT	EALTH DEPARTMENT Registered No	0 6559
		1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:	2. DATE OF JUL DEATH JUL 4. USUAL RESIDENCE (Where deceased lived, If in	19 1950
fully supplied.		A. Baltimore City, Maryland  B. FULL NAME OF HOSPITAL OR INSTITUTION  A. Baltimore City, Maryland  (If not in hospital or institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits,	hefore admission
frollogical	-	Yrs. Mos. Days	D. STREET ADDRESS (Mrural, give location)	
ould b	-	5. SEX 6. COLOR OR RACE 7. SINGLE, MARKIED, WIDOWED, DIVORCED (Specify)  MALL MIDOWED, DIVORCED (Specify)  10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11-10-87   last birthday) Mont	hs Days Hours Min
VDING information should s of death clearly a	-	work done during most of working like, even if retired)  INDUSTRY  13. FATHER'S NAME		WHAT COUNTRY
BINDING of inform		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no nr unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADELLA HOSPITAL	DRESS
RESERVED FOR INK. Every item please write the car		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	of DEATH  nery Occlusion  moneyony, rt	interval betwee onset and deat 5 min.
MARGIN UNFADING Physicians:		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF PERATION 19B. MAJOR FINDINGS OF OPER	ATION A	
LY, WITH important.		21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., CAUSE OF DEATH	n or   21c. WHERE DID   If in Baltimore City, giv	YES N. T
P. S. S.		210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m, WHILE AT NOT WHILE AT WORK		
		22. I hereby certify that I attended the deceased from 7-deceased alive on 7-19-, 1950 and that death occur 23A SIGNATURE	red at 5 15 An., from the causes and on the causes are caused and on the causes and on the causes are caused and on the causes are caused and on the causes are caused and on the cause are caused and on the caused are caused are caused and on the caused are caused are caused and on the caused are caused are caused are caused and on the caused are caused	that I last save to do a to ted ab m 23c. DATE S GN
PLEASE WRI		24A. BORIAL, CREMA 24B. DATE TION, REMOVAL (Specify)  DATE RECEIVED BY LOCAL REGISTRAR  REGISTRAR'S SIGNATURE	RY OR CREMATORY 24D. LOCATION (City, town, or	(Star)
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	NAME OF D					La Fire	-	
	pe or Print)	ECEASED	Baby I	Boy SPENCE		2. DATE OF DEATH	uly 4,	1950
	PLACE OF D Baltimore (	City, Maryland			4. USUAL RESIDENCE	E (Where deceased live B. COUNT		ution : residence before admission
HO	FULL NAME SPITAL OR STITUTION	of (If not in bospi  Baltimore C		on, give street address or location)	c. CITY OR TOWN Baltime	(If outside corporate	limits, wri	te RURAL and give
		tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location	n)	
5.	Male i	6.COLOR OR RACE	WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)	s If Under Months	Days Hours Min
rork	doos during most c	CUPATION (Give kind of working life, eveo if retired)		OF BUSINESS OR INDUSTRY	UNKNOWN	or foreign country)		CITIZEN OF WHAT COUNTRY
13.	FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME		
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B		HEALTH DEPARTMENT TE OF DEATH  Registered No. 656.1
1.	NAME OF DECEASED (Sype or Print)  Charles Desney Deshild	2. DATE OF
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY hefore admission)
В. Н	FULL NAME OF (If not in hospital or institution, give street address location)  ProvidentHospital	
C.	Tarada da da la Dalli	B. D. STREET ADDRESS (If rural, give location)
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIOOWED, DIVORCEO (Spe	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year   If Under 24 Hours
	OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUST	
13	B. FATHER'S NAME Unknown Unknown	14. MOTHER'S MAIDEN NAME Unknown
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT AOORESS
RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	eeding from umbilical stump and norrhage into the gastro-intestinal
CE.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OR	PERATION 20. AUTOPSY?
DICAL	21a. EXTERNAL CAUSE WAS UNOERLYING OR CONTRIB- UTING CAUSE OF DEATH.	g., in or 21c. WHERE OID (If in Baltimore City, give exact location)
ME	21D. TIME (Month) (Day). (Year) (Hour) 21E. INJURY OCCU OF INJURY NOT WE MALE AT WORK AT WO	ILE[T]
2. T1	22. I certify that I took charge of the remains describe the evidence obtained by said Autopsy, Inspection of and death in my opinion resulted from: natural car  23A. SIGNATURE  4A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMION, REMOVAL (Specify)	d above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry or Inquiry, find that said deceased died on the day stated above, see A, accident , suicide , homicide , undetermined .  238. CHIEF MEDICAL EXAMINER
	Cremation July 25, 1950 Scienti ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR 111 2 2 1950	fic disposal Baltimore City Morgue  25. FUNERAL DISPECTOR ADDRESS  ADDRESS
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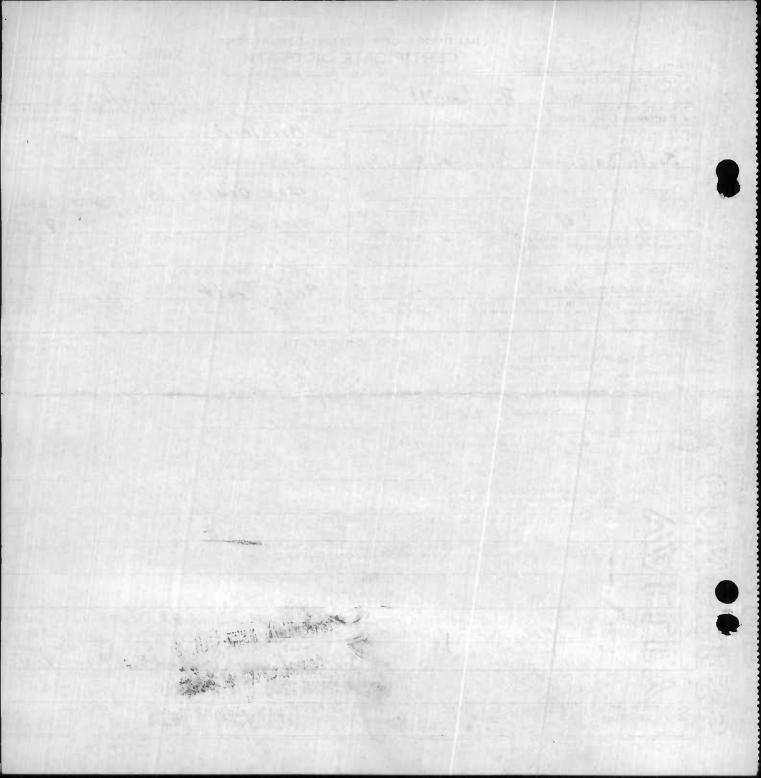
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The	BI	50 6 RTH NO. 50	562	BA		EALTH DEPARTMENT E OF DEATH	NT Registered I	0 6562
	1. NAME OF DECEASED (Type or Print) BABY GIRL OVERSTREET						2. DATE OF JULU	(25 1950
oplie	3. PLACE OF DEATH: A. Baltimore City, Maryland						E (Where deceased lived, If B. COUNTY	institution: residence before admission)
ully supplied. y.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HOSPITAL FOLTHE WOMEN OF MAKY LAND						BALTIMOR (If outside corporate limit ORE 16-	
legibl	4	Length of stay			Yes.	D. STREET ADDRESS	(If rural, give location)	
uld be			OLOR OR RACE	7. SINGL WIDOV	E. MARRIED. WED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year H Under 24 Hours on the Days Hours Min.
n sho		A. USUAL OCCUP done during most of work  NONE			O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
rmation shou death clearly		JOSEPH C	ARTER OU	ERSTA		RUTH D	N NAME	0.55.7(
em of info	15 (Yes	, was deceased en the property of the property	VER IN U.S. ARMED f yee, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT HOTHER	3813 St	DDRESS OKES DRIVE
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	ICATION	RISE TO THE	R CONDITIONS, II ABOVE CAUSE (A) CONDITION LA	STATING T	TO XE	HA OF PREGI		
UNFADINC Physicians:	ERTIFIC	TRIBUTING TO	II IFICANT CONDI THE OEATH, BUT	NOT RELAT	0N- 180	TENSIAN 0	MATHER.	
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A		21D. TIME (Mon OF INJURY	th) (Day) (Year)	(Hour)	WHILE AT WORK NOT WHILE WORK			
especia		22. I hereby ce deceased alive 23A. SIGNATUR	on VILLY 25	ended the	and that death occu	rred at 6 f. m., fro	Taly 25, 195 om the causes and on t	A that I last saw the he date stated above.
E WR		116	uls.	Tae	ack M.D.	nomance 1	Karpitel	7-26-50
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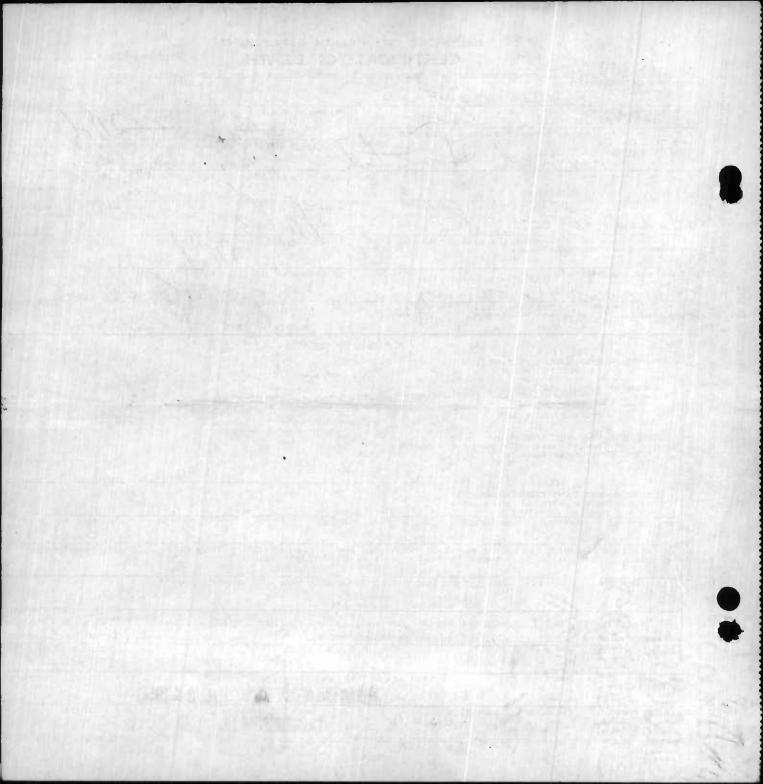
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The	-	RTH NO. 50 15398	CERTIFICATE	E OF DEATH	Registered No		
	(T	NAME OF DECEASED PRINT BALV Roy	Lovill		2. DATE OF DEATH 7/2	3/50	
ally supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst. B. COUNTY	itution: residence before admission)	
y su	H	FULL NAME OF (If not in hospital or in SPITAL OR STITUTION	stitution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give	
Y.		- 11 - 11	neval Hospital	Balt imore	25-85	township)	
legibly.	C.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r	ural, give location)		
00		SEX   6. COLOR OR RACE   7. SII	NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7/23/50	9. AGE (In years last birthday) Months	1 Year If Under 24 Hours Days Hours Min.	
on should clearly an		A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)   12.	CITIZEN OF WHAT COUNTRY?	
NDING information s of death cle	13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
NG ormatic death		Lawson Lovill		Mary Trot	+		
em of inform causes of dea	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCE no or unknown) (If yes, give war or dates of service)	ES?   16. SOCIAL SECURITY NO.	17. INFORMANT	ADDF	ESS	
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WITH rtant.	ICA		. PLACE OF INJURY (e.g., in		' in Baltimore City, give	exact location)	
L. L. L. Specially impor	MEDI	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					
WRI e is		23A. SIGNATURE		outh Baltimore G	conoval Hass to	3c. DATE SIGNED	
PLEASE WRIT	24 TIC	A. BURIAL, CREMA- N, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 245. LC	5 1950		
PLE	D/ LC	TE RECEIVED BY REGISTRAR'S SIGN	Nature Milians, Milians	25. FUNERAL DIRECTOR	of Bolth Ac	DDRESS	
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The	ВІ	50 6554  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No	6564
	(T	NAME OF DECEASED Type or Print) Baby Bay Kearhey  2. DATE OF DEATH 7/14	
supplied		Baltimore City, Maryland A. STATE B. COUNTY B.	tion: esidence before admission)
ully su	H	FULL NAME OF (If not in hospital or institution, give street address or location)  CITY OR TOWN (If outside corporate limits, write)	RURAL and give township)
bly.	-	Yrs. D. STREET ADDRESS Mi rural, give location)	
legibly	c.	Length of stay in Baltimore Mos. Days	60-
uld be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years It linder I last birthday) Months: I	Year If Under 24 Hours Days Hours Min.
on should clearly an			VHAT COUNTRY?
information s of death cle	13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	- 1
orm	15	5. WAS DECEASED EVER IN U, S. ARMED FORCES?   16. SOCIAL 17 INFORMATION	nd.
inf inf	(Ye	es, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	SS
em of causes		CAUSE OF BEATH	NTERVAL BETWEEN
y item the cau		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
• 0)		ANTECEDENT CAUSES	
G INK: please	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ADIN icians:	FIC	(c)	
UNFADING Physicians:	ERTI	OTHER SIGNIFICANT CONDITIONS CON-	
101	C		20. AUTOPSY?
LY, WITH important.	DICA	21A. ACCIDENT, SUICIDE,   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, give co	YES ND
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LY imp	X	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  WHILE AT NOT WHILE	
PI		22. I hereby certify that I attended the deceased from 7/1, 1950, to 7/14, 1950, that	t I last saw the
T PL especia		deceased alive on 7/4, 195 and that death occurred at 2:15 Rm., from the causes and on the da	
VRI		1. & Furnan M.D. Manurity Rasputal	DATE SIGNED
PLEASE WRIT correct age is e	2.4 TIC	AA. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or coulon, removal (Specify) 24D. LOCATION (City, tow	
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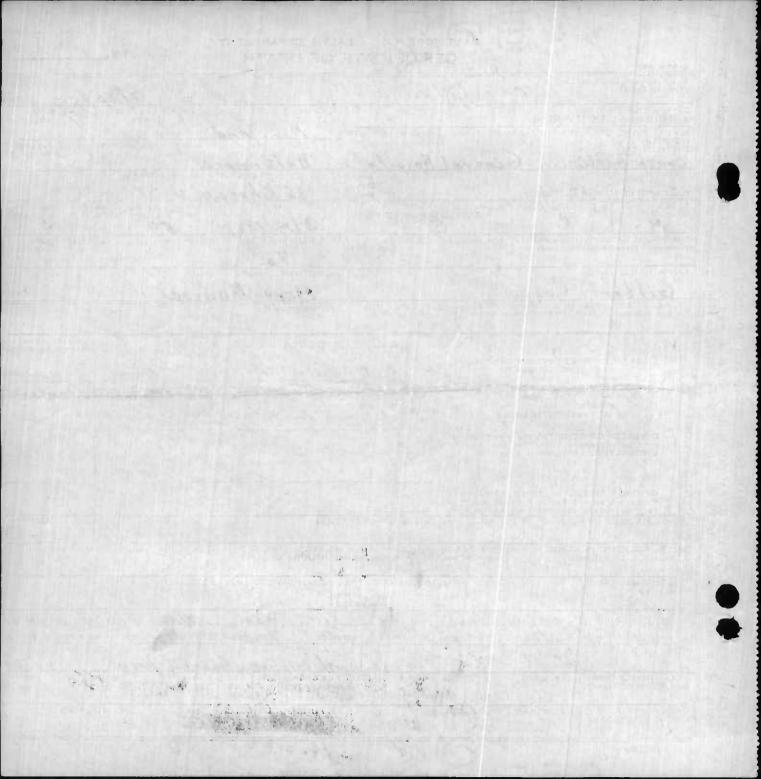
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## BALTIMORE CITY HEALTH DEPARTMENT

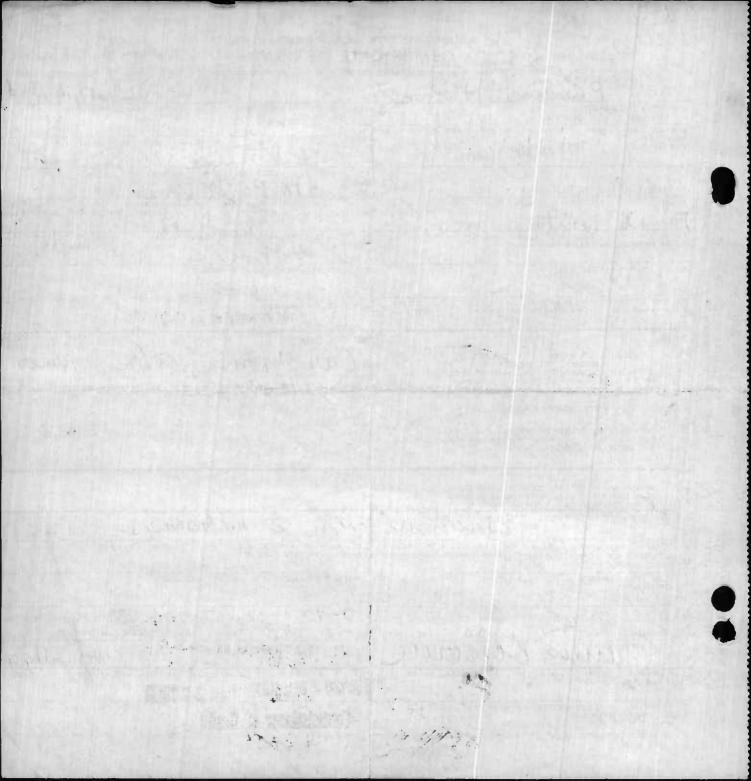
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ВІ	RTH NO.	0000	THAT	CERTIFICAT	E OF DEATH	Registered N	То
-	NAME OF D	DECEASED HAR	RY C	COOPER		2. DATE OF DEATH 7/2	20/50
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If	institution : residence before admission)
В.	FULL NAME		tal or instituti	ion, give street address or	1)	d B. COUNTY	before admission)
IN	SPITAL OR			location)		(If outside corporate limit	
_	South B	altimore (	Jenera	el Hospital	Baltimo	re 29 -	() township)
14	3	stay in Baltimore		Yrs. Mos. Days	36 Chur	(If rural, give location)	
5.	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH	9. AGE (In years) #	Under 1 Year   If Under 24 Hours nths; Days   Hours   Min.
	M	C	WIDOW	ED, DIVORCED (Specify)	3/19/1891	set birthday) mo	nths Days nours Min.
10 work	A. USUAL OC done during most	CUPATION (Give kind o of working life, even if retired	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
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	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) CIRRHOSIS LIVER PORTAL						
0	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
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F				(C)			
RT	OTHER SIGNIFICANT CONDITIONS CON-						
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
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Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
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710	A. BURIAL, ON, REMOVAL (S	CREMA- Specify)			RY OF CREMATORY 24D		
	ATE RECEIVE		'S SIGNATU	illians, M.	25. FUNERAL DIRECTO	<b>Lib</b>	ADDRESS
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ERTIFICATE OF DEATH Registered No. NAME OF DECEASED 2. DATE (Type or Print) fully supplied. OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If pstitution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give IOHNS HOPKINS HOSPITAL C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should Fearly and 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. clearly 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s s of death cle 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unkoown) SECURITY NO STITZON SHINGON SHINGS causes 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY arcinoma, colo LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. ADING UNFADING Physicians: X MARGIN FIC (C) ... ERTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR KINDINGS OF OPERATION 20. AUTOPSY CAL important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERă about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE \_\_, 1950, that I last saw the 22. I hereby certify that I attended the deceased from 1950 to\_ 7-17 deceased alive on ] - | 1950, and that death occurred at. m., from the causes and on the date stated above. 234 SIGNATURE 23B. ADD 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, RENOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VS 150 and the state of t



5	50	CSET CONTRACTOR		EALTH DEPARTMENT	5 Registered No	0 6567
The		NAME OF DECEASED	CERTIFICAT	E OF DEATH	2. DATE	
lied.	(7	PLACE OF DEATH:	Davag	4. USUAL RESIDENCE (W	DEATH JULY	27,1950
supplied.	А.	Baltimore City, Maryland FULL NAME OF (If not in hospital or in	nstitution, give street address or	A. STATE	B. COUNTY	before admission)
fully (y.		OSPITAL OR ISTITUTION IONIS HOPKINS	location)	C. CHTOOR TOWN / LIE	outside corporate li hits,	write RURAL and give township)
	-		Yrs. Wos.	D. STREET ADDRESS (If r	rural, give location)	Anc
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ILY imp	Σ	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	2 IE. INJURY OCCURR		OCCUR?	
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S esp		deceased alive on 7/2/, 19-	and that death focus	rred at 2 m., from th	re causes and on the	
E WRI age is	2.	AN BURIAL, CREMA- 24B DATE	100 E 1 1 1 V.D.	238. ADDRESS HOPKING	OCATION (City, town, or	July 27.1950
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BALTIMORE CITY HEALTH DEPARTMENT 6568 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN legibly. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE Um year 8. DATE OF BIRTH last birthday) WIDOWED, DIVORCED (Specify) information should s of death clearly as will 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired)
UNKNO INDUSTRY Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURIT NO causes Jo item 18. CAUSE OF DEATH FOR Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED (A) heart failure, asthenia, etc. It means the disease, Wri injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p DUE TO UNDERLYING CONDITION LAST. RT 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. DICA 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK especial 190 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on and that death occurred at M.m., from the causes and on the date stated above. ADDRESS 23A. SIGNATURE 23B 3 9 age PLEASE correct ag 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY! DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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Registered No. B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) If Under 1 Year ff Under 24 Hours Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH

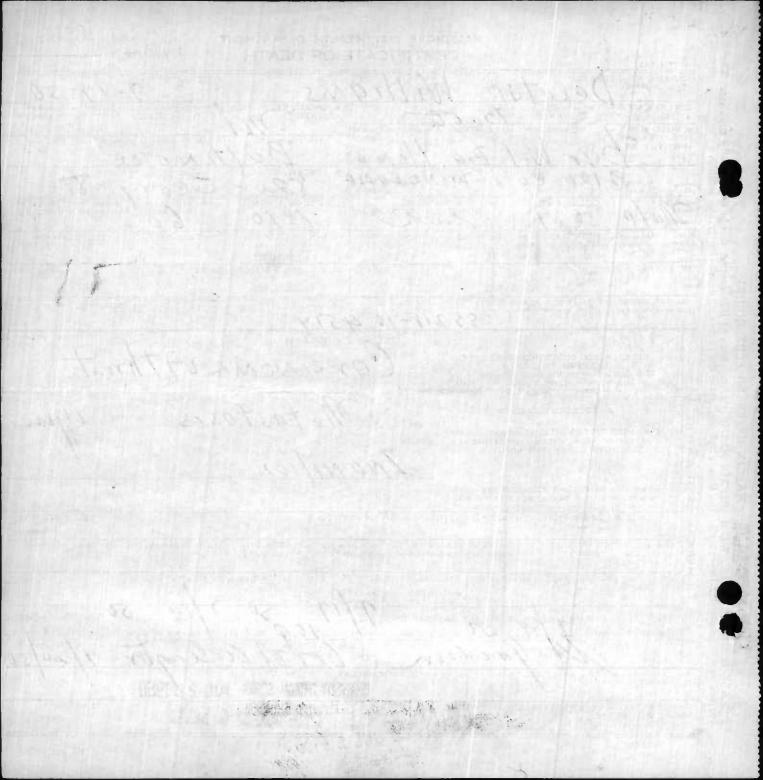
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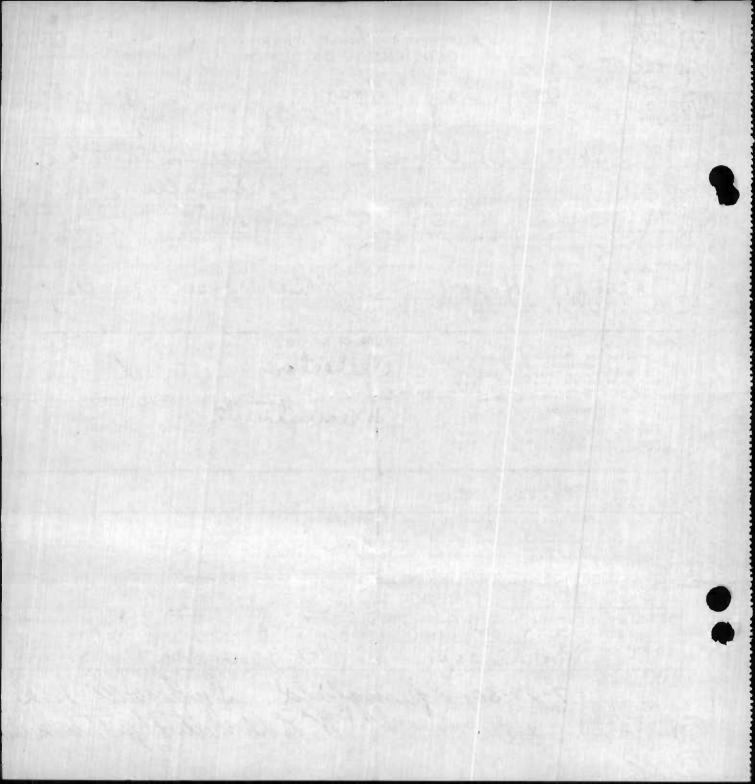
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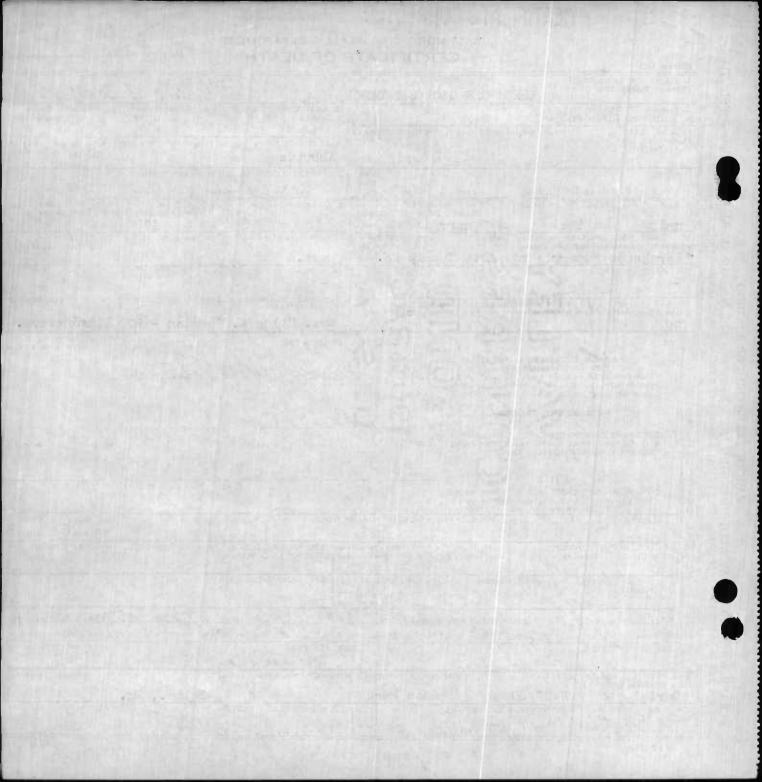
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The	BI	RTH NO. 50-15282		E OF DEATH	Registered No	and the second second
	(T	NAME OF DECEASED BABY	Boy Ho	eril.	OF DEATH 7-	27-50
ilddn	Α.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or in the control of	nstitution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution : residence
ully supplied.	H	DSPITAL OR STITUTION & . Quantum	location)		outside ornorate limit,	write RURAL and give
A e	c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	0.0.
and h		SEX   6. COLOR OR RACE   7. S	SINGLE, MARRIED, VIDOWED VORCED (Specify)	8. DATE OF BIRTH 7-26-1950		nder   Year   If Under 24 Hours ths Days Hours Min.
on shou		A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY
atio	13	MARSHALL HO	er)	14. MOTHER'S MAIDEN NA	a whe	tley-
R BINDING	15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FOR s, no or unknown) (If yes, give war or dates of ser	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
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MAI UNFA Physic	CERT	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED			
	SAL	19A. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPER	RATION		YES NO
NLY, WITH important.	MEDIC		B. PLACE OF INJURY (e. g., it home, farm, factory, street, office bldg.,		f in Baltimore City, gi	e exact location)
T.A		21D. TIME (Month) (Day) (Year) (Hou OF INJURY	r) 21E. INJURY OCCURR  m. WHILE AT NOT WHILE  MORK AT WORK	THE RESERVE OF THE PERSON NAMED IN	OCCUR?	
P		22. I hereby certify that I attended deceased alive on 19	d the deceased from and that death occur	rred at Stand, from t	he eauses and on the	that I last saw the date stated above
WRI ge is		23A. SIGNATURE	mgi M.D.	St- Uqu	Hon.	23c. DATE SIGNED
PLEASE WRR correct age is	TIC	AA. BURIAL, CREMA- DN, REMOVAL (Specify) 7-28-3	O PRIMA	field &	nhesvill	le me
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		VS 150				159



5	25 CERTIFICATE CORRECTED	8-1-50
(I) BI		E OF DEATH  Registered No.
1. (T;	NAME OF DECEASED  ALEXANDER GEORGE THOMSO	2. DATE 0F 7/26/50
3.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B) COUNTY, before admission
В.	FULL NAME OF (If not in hospital or institution, give street address or	ma Caltinore
	SPITAL OR STITUTION location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Days	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify married	8. DATE OF BIRTH 9. AGE (In years It Under I Year Hours Min 18 - 9 - 9 - 9 - 47
10.	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Varehouse Supervisor   Auto Supply Co.	Mass.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	Alexander Thomson . WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Agnes Sey
(Yes	no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	10	Mrs. Hilda A. Thomson - 902 ElmridgeAve.
FICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AscID
ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
Ü	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   19B. MAJOR FINIS   19B. MAJOR F	RATION   20. AUTOPSY?
CAL	TOR. DATE OF OFERATION OF THE MADER THE MEDICAL OF THE	YES NO
ED	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.	
Σ	RED 21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that, I attended the deceased from	7/25/5019 , to 7/26 , 195 9that I last saw th
	deceased alive on 7/25, 1950, and that death occu	
	5/7/1/2011/11/11	23B. ADDRESS 23c. DATE SIGNED
24	A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY   24D COCATION (City, town, or county) (State
	N. REMOVAL (Specify) 7/29/50 Loudon Park	Balto. Md.
DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS SALVO
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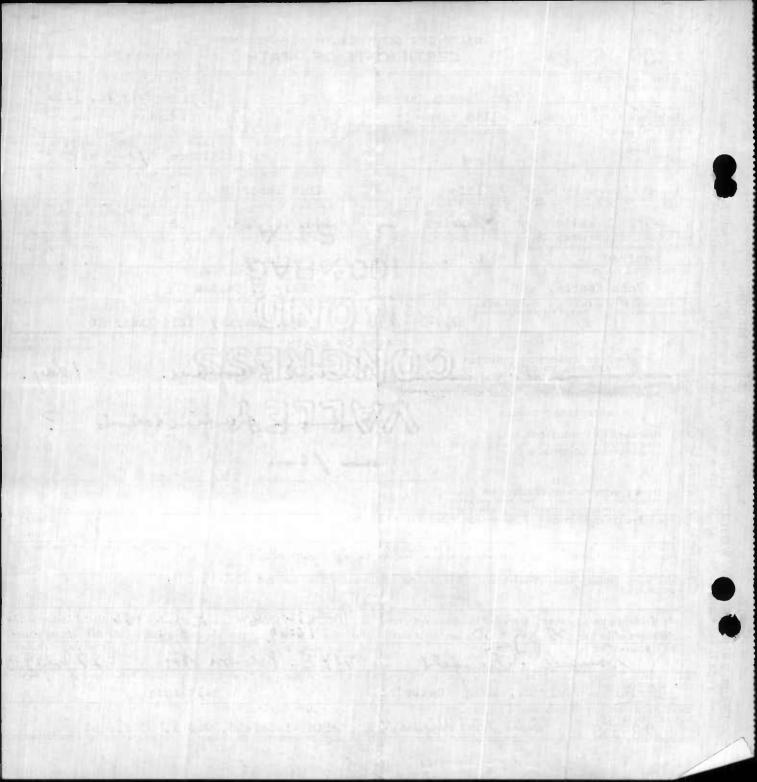
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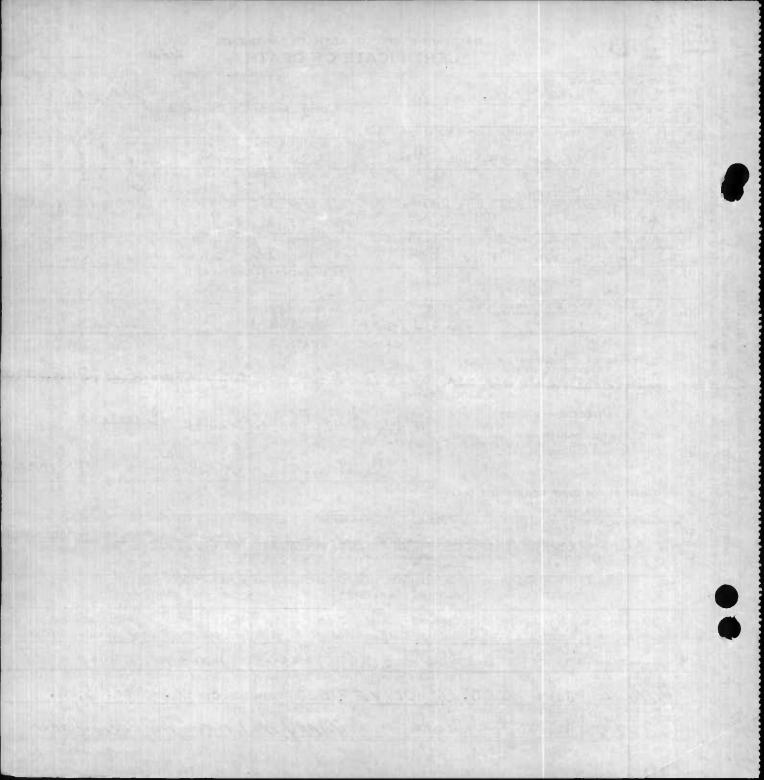
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

56	0 6572
Registered No	

BI	RTH NO.						
1. (T)	NAME OF DECEASED upe or Print)	2. DATE					
_	John Joseph Kearney	DEATH July 2					
A.	PLACE OF DEATH: Baltimore City, Maryland 1216 Ensor St FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY  Maryland	stitution; residence before admission)				
HO	SPITAL OR location	c. CITY OR TOWN (If outside corporate limits, where the corporate limits is the corporate limits and the corporate limits is the corporate limits.	write RURAL and give township)				
)	0		: Q				
	Yrs, Mos.	D. STREET ADDRESS (If rural, give location)					
_	Length of stay in Baltimore Life Days	1216 Ensor St					
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH  Dec. 16, 1881  9. AGE (In years last birthday) Month	der I Year Muder 24 Hours hs Days Hours Min.				
10	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR		2. CITIZEN OF				
ork	done during most of working life, even if retired)  INDUSTRY	D-144	WHAT COUNTRY				
13	Retired L/R. R. R. FATHER'S NAME	Baltimore 14. MOTHER'S MAIDEN NAME	U. S.				
	John Kearney	Mary T. Dalton					
15 Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL , no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	RESS				
	717-07-7681	Mrs. Kearney 1216 Ensor	St				
1	18. 2 3 / X CAUSE (	OF DEATH	INTERVAL BETWEEN				
			ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH	of len &	I dan				
	(This does not mean the mode of dying, e.g., (A)heart failure, asthonia, etc. It means the disease,	manuay.	long.				
	injury or complication which caused death.) DUE TO		1				
	ANTECEDENT CAUSES						
7	(B) (Meteron & asker & clesia						
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3	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
3	CADERETING CONDITION EAST.						
	,, (C)						
7	OTHER SIGNIFICANT CONDITIONS CON-						
	TRIBUTING TO THE DEATH, BUT NOT RELATED						
U	19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?				
EDICAL	100. DATE OF OFERATION OF THE MINE OF THE		YES NO				
3	21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e. g., in	or   21c. WHERE DID (If in Baltimore City, giv					
۵	HOMICIDE (Specify) about homo, farm, factory, street, office bldg., e		c chact location)				
7							
-	21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?					
	WHILE AT NOT WHILE						
	m.   WORK   AT WORK						
	22. I hereby certify that attended the deceased from	July 12, 1946 to 2 July, 1950,					
		Ved at 16:30 km., from the causes and on the					
		3B. ADDRESS	23c. DATE SIGNED				
	Samuel Flienfeld M.D.	1165- Lusom 21.	2/ / 2(4.11				
24 TIC	A. BURIAL CREMA- 24B. DATE Ac. NAME OF CEMETE BURIAL Specify July 29, 1950 Cathedral	RY OR CREMATORY 24d. LOCATION (City, town, or Baltimore	r county (State)				
	ATE RECEIVED BY   REGISTRAR'S SIGNATURE		ADDRESS				
	CAL PEGISTRAD						
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> :	10	9 (). // ()	TIMORE CITY HEALT		Posistanad No.	6573
The	ВІ	IRTH NO.	CERTIFICATE O	OF DEATH	Registered No.	
	1. (T	NAME OF DECEASED Type or Print)	meth		2. DATE OF DEATH	24,1950
supplied.		. PLACE OF DEATH: Baltimore City, Maryland	A/S	USUAL RESIDENCE (Wh		titution : residence before admission)
ly su	H	FULL NAME OF (If not in hospital or instituti OSPITAL OR NSTITUTION	3	CITY OR TOWN , (If or	utside corporate limits, w	rite BURAL and give township)
refully ibly.	6.	27 Mercy Ha	spital	12altimore	-	A cownsinp)
legib	c.	Length of stay in Baltimore	Yrs. Mos. Days	116 West	ral, give location)	St.
information should be green	5.	SEX 6. COLOR OR RACE 7. SINGLE WIDOW,	MARRIED, B. D. ED, DIVORCED (Specify)	M 10.19 29	9. AGE (In years If Under last birthday) Month	Bil Year If Under 24 Hours S Days Hours Min.
shou	10 work	DA. USUAL OCCUPATION (Givekind of k done during most of working life, even if retired)	OF BUSINESS OR HITE	BATHPLACE (State or fore		CITIZEN OF WHAT COUNTRY?
tion h cl		3. FATHER'S NAME	(M)	MOTHER'S MAIDEN NAM	ME C	SA
rmat		Cufus E. Smith	E	ssie Teels		
info	(Ye	5. WAS DECKISED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 2/6-24-5283	TOPORMANT Mother	San	
n of auses		18. 500 %	CAUSE OF I	DEATH		INTERVAL BETWEEN
iter ne c	5	DISEASE OR CONDITION DIRECTLY	0	A	ONSET AND DEATH	
Every item of info		(This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the diseas- injury or complication which caused death		Julmonary	Idama	24 km.
2 >	7	ANTECEDENT CAUSES	Unantend	Padir in	a disease	*
UNFADING INK. Physicians: please	TION	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH	G DUE TO	30000 /0 22		
ING uns:	FICA	UNDERLYING CONDITION LAST.	alonen	ulo - mint	critis	7 years
'AD sicia	RTIF	07 OTHER SIGNIFICANT CONDITIONS CON	(c) (d) (H)			-
Phy	CEF	TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I	o none			
_	4	19A. DATE OF OPERATION & 19B. MAJOR	FINDINGS OF OPERATIO	ON .		YES NO
LY, WITH important.	EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLA about home, for		21c. WHERE DID (If	in Baltimore City, give	exact location)
LY, impo	Z		IE. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
T <sub>a</sub>		OF INJURY m.	WORK NOT WHILE		1	
Lipecia		22. I hereby certify that I attended the	deceased from July 1	0 , 1950, to feel	727,1959	hat I last saw the
(/2		deceased alive on uly 27, 1950.		at 11:50 pm., from the	causes and on the	date stated above.
WR.		Jouler 7. W	hite 250. A	Therey )		1-27-50
PLEASE WRIT		ON REMOVAL (Specify)	4c. NAME OF CEMETERY OF		CATION (City, town, or	
EA	-	BURIAL July 1950	71 01/167,2	1930 Trederic	Rd. Balto.	DDRESS
PL		OCAL REGISTRAR	liama Mar 4/2	11 1 11 1 1	E-4101 EDA	UNDION
	-	VS 150	1000 115		1316	1100

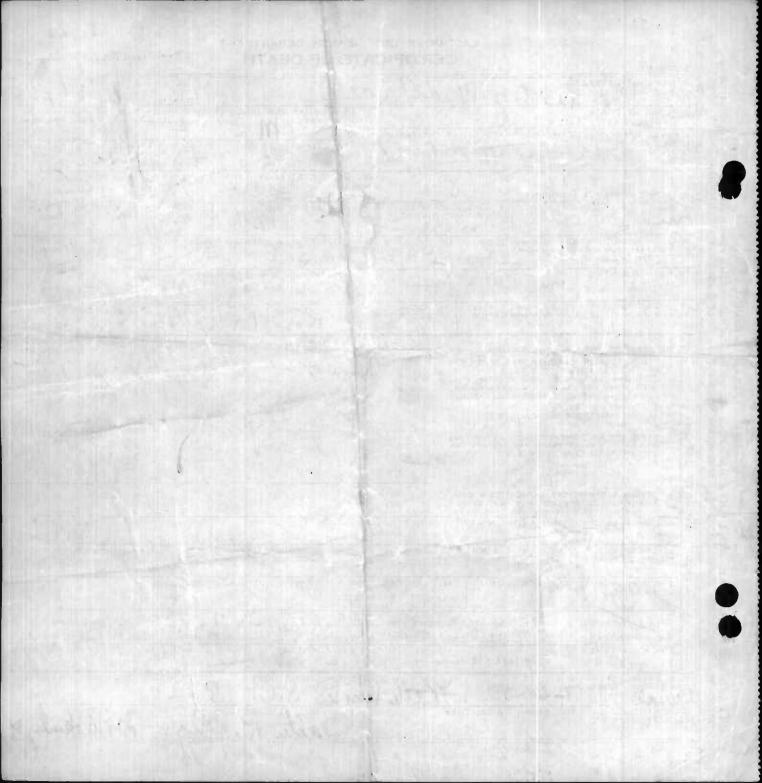


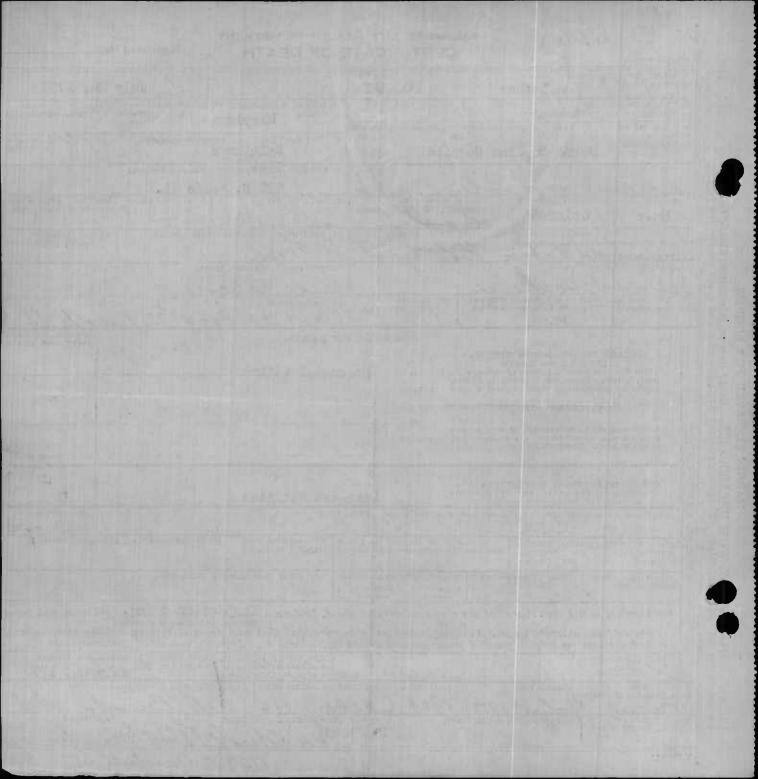
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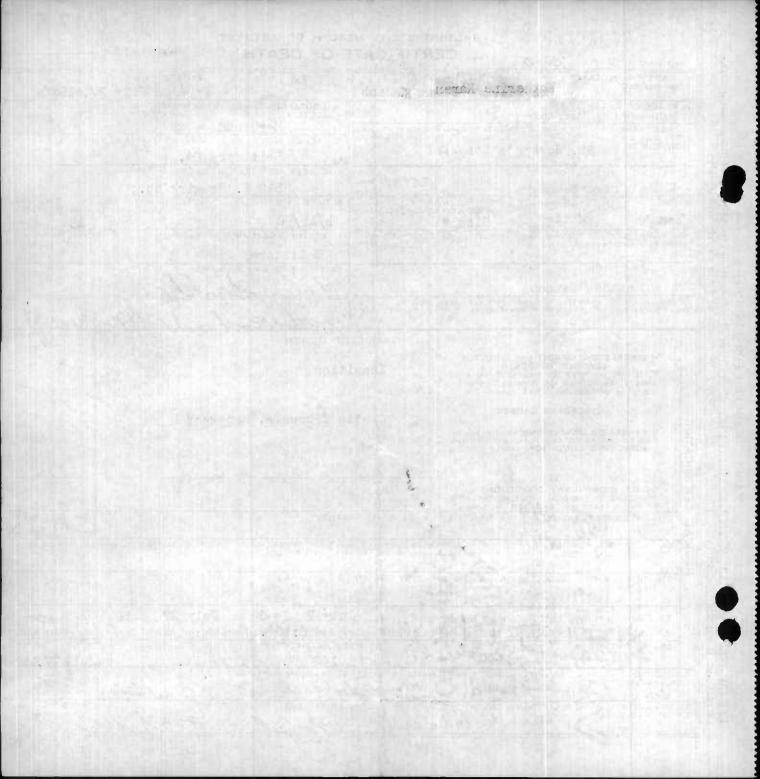
BALTIMORE CITY HEALTH DEPARTMENT Registered No\_ CERTIFICATE OF DEATH BIRTH NO. 50-07515 I. NAME OF DECEASED 2. DATE (Type or Print) Katherine Kare OF Mausch July 27, 1950 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution residence A. Baltimore City, Maryland B. COUNTY before ddmission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location c. CITY OR TOWN (If outside corporate linit, write RURAL and give INSTITUTION St. Joseph's Hospital township Baltimore 24. p. STREET ADDRESS (If rural, give location) Yrs. Life Mos. 512 S. Newkirk St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female White 4/14/50 Single 10A. USUAL OCCUPATION (Give kind of JOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired. INDUSTRY None Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matthew Kausch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Inanition (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cystic fibrosis, pancreas DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 2Ic. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from July 7 . 1950, to July 27 . 150 , that I last saw the deceased alive on July 27, 19 50, and that death occurred at 6:10 kg., from the causes and on the date stated above. 23A. SIGNATUR 23B. ADDRESS 23c. DATE SIGNED 1400 N. Caroline St 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county 24A. BURIAL. CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR ADDRESS

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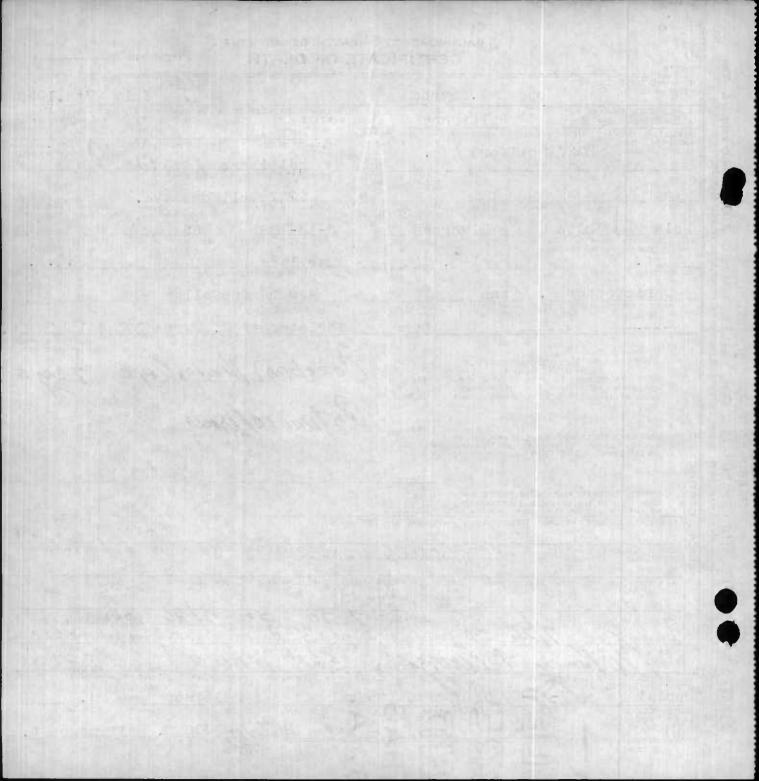


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# BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH N	578 o. − − − − − − − − − − − − − − − − − − −		CERTIFICATI	E OF DEATH	Regi	stered No	
	OF DECEASED	ph T.	Byrne		2. DATE OF DEATH	July 2	7th.1950
3. PLACE	OF DEATH: nore City, Maryland			4. USUAL RESIDEN		d lived. If insti	
B. FULL N HOSPITAL INSTITUT	LOR		tion, give street address or location)	Maryla c. CITY OR TOWN	(If outside corpo	rate fimits, w	n livenL and give township
			Life Yrs.	Baltim D. STREET ADDRESS	s (If rural, give loo		
5. SEX	h of stay in Baltimore	7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	19. AGE (In	years If Under	1 Your   It Under 24 Nours
Male	White	WIDOV	VED, DIVORCED (Specify)	3-13-1885		hday) Menths	Days Hours Min.
10A. USU	AL OCCUPATION (Givekindel		OPCOD D OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country	y)   12.	CITIZEN OF
Supt	ng most of working life, even if retired)	Bal!	INDUSTRY	Marvland			U.S.A.
	ER'S NAME	1 Dai	J. 01	14. MOTHER'S MAIL	EN NAME		U.J.R.
Chr	istopher F. B	vrne		Martha I	MacCellan		
15. WAS D	ECEASED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	MacGerran	ADDR	ESS
(1 66, no or un	(11 yes, give war or date		security No.	Christophe:	n W. Burn	303 D	alphin St
18.	2 2 1 4			OF DEATH	VV 0 LOVI HAN		INTERVAL BETWEEN
inju V O DIS RIS RIS UN O T T T T T T T T T T T T T T T T T T	rtfailure, asthenia, etc. It meany or complication which ANTECEDENT CAU SEASES OR CONDITIONS, E TO THE ABOVE CAUSE (A) DERLYING CONDITION L  HER SIGNIFICANT CONDITION TO THE DEATH, BUT THE DISEASE OR CONDITION THE DISEASE OR CONDITION THE OF OPERATION	caused deat SES IF ANY, GIVI STATING T AST. ITIONS CO NOT RELAT	(B)		Person		20. AUTOPSY? YES NO
21A. A HOMIC	CCIDENT, SUICIDE, CIDE (Specify)	21B. PL about home,	ACE OF INJURY (e. g., i. farm, factory, atreet, office bldg.,	n or 21c. WHERE DIE		re City, give	exact location)
21D. T OF IN.	hovehas antifas that I de	m.	and that death occur	7-20 1050	to 7/26	ind on the d	C. DATE SIGNED
24A. FULL	AL, CREMA 248 DATE	T- LA	M. D.	RY OR CREMATORY	24d. LOCATION (C	ity, town, or e	ounty) (State)
Burla DATE REC	CEIVED BY MAISTRAD	7/1	New Cathed	25. FUNERAL DIREC	Baltimore		d. DRESS
LOCAL R	2 8 1950	-	11 11	V 111 1110	San 3000 E.	Balti	more St.
Vs	150		290	93 N	sd.		83a



Registered No. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If outside corporate limits, write RURAL and give township) BELVEDERE AVE tt Under 1 Year It Under 24 Hours last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 19 50 that I last saw the 4 a.m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS

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DATE RECEIVED BY

LOCAL REGISTRAR

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MARCIN RESERVED FOR RINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) JOSEPH BAROCH 3. PLACE OF DEATH: A. Baltimore City, Maryland 1006 Somerset Street (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) INSTITUTION Yrs. Mos. c. Length of stay in Baltimore life Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) male single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Tailor & E. Tailoring Cor 13. FATHER'S NAME Michael Baroch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war ar dates of service) (Yes, no or unknown) SECURITY NO no 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION DICA 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE ATT WORK 22. I hereby certify that I attended the deceased from 1 / 49, 19, to 7 - 26 deceased alive on 7- 76, 1957, and that death occurred at 10:45 Am., from the causes and on the date stated above 23A. SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY July 29 .. 1950 Burial Holy Redeemer Cem.

REGISTRASISISISINATURELLA LILLA MA

Registered No. 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission) Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 1006 Somerset St. 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year last birthday) Months: Days Hours: Min. March 20, 1882 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore, Md. 14. MOTHER'S MAIDEN NAME unknown 17. INFORMANT ADDRESS Irs. Liberty Skala, 710 N. Dundan St. INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? \_, 19 Q, that I last saw the 23B. ADDRESS 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 4430 Belair Rd. Balto.Md. ADDRESS 25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

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The	50 BI	6581  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.	0 6581
	(T	NAME OF DECEASED (Spe of Print) SARAH ANN BURKE 2. DATE OF DEATH 7/21	7/5-0
supplied.	В.	Baltimore City, Maryland  FULL NAME OF, (If not in hospital or institution, give street address or	before admission)
nly.	H	OSPITAL OR ISTITUTION CNKINS MEMORIAL UNDALTIMORE	township)
legib		Length of stay in Baltimore  Yrs. Mos. Days  Yrs. Mos. Days  Yrs. Mos. Days	N.C.
uld be y and	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 10/3/1862 9. AGE (In years / H Under Last birthday) Months	Days Hours Min.
on she		House Keeper Corpus Christ, Chyria ENGIAND	WHAT COUNTRYS
NDING information should	13	S. FATHER'S NAME JOHN BURKE 14. MOTHER'S MAIDEN NAME BURKE	
BINDING of informuses of dea	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT SECURITY NO. 18. Memorial	ESS
em cat		CAUSE OF BEATH	INTERVAL BETWEEN ONSET AND DEATH
4		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
	z	ANTECEDENT CAUSES (B) Or Terrosc Cerosis	j
5.	ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	>
MARGIN UNFADIN Physicians:	RTIFIC	11 (c) Myreund in Varlure	•
MA UNF Physi	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
WITH rtant.	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LY, WIT!	MEDI	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give of the bldg., etc.) INJURY OCCUR?	exact location)
A.	4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  Th. WHILE AT WORK AT WORK	
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WRIT e is e			27/50
PLEASE WRIT	2. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATOR 24D. LOCATION (118, town, or company)	m & State)
PLEAS correct	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNEBAL DIRECTOR JAD	DRESS
		VS 150 11.8 M Mt. Royal	ave 97

NAME OF THE PROPERTY OF THE PR PURNISHED CURL HOST V 

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0 658 BIRTH NO.	32		FICATE O	H DEPARTMENT F DEATH	Registere	50 6582	
1. NAME OF (Type or Print	DECEASED KA	RL F.	BA	II WANZ	2. DATE OF DEATH	7-21-50	
	DEATH: City, Maryland		A. S1	SUAL RESIDENCE ()		l. If institution : residence before admissio	
B. FULL NAM HOSPITAL OF INSTITUTION	3	ital or institution, give stre	location) C. CI	TY OR TOWN (I	outside corporate li	in its brite R PAI and gi	
00	1203	Gooksie	Yrs. o. Si	TREET ADDRESS (If	rural, give location	)	
c. Length of	stay in Baltimore	1 7. SINGLE, MARRIED		1203 60 ATE OF BIRTH	OKSIE 9. AGE (in years	S If Under 1 Year   If Under 24 Ho	
M	W	MARRIEL MARRIEL	CED (Specify)	-29-1881	last birthday)	Months Days Hours Mi	
SEVE	CCUPATION (Give kind of a tof working life, even if retired	108. KIND OF BUSIN	IESS OR 11. B	GERMAN U	oreign country)	12. CITIZEN OF WHAT COUNTR	
13. FATHER'S	NAME		14. M	OTHER'S MAIDEN N		0.30	
15. WAS DECE	SED EVER IN U, S. ARME n) (If yes, give wer or dat		AL 17. II	UNKNOU	) N	ADDRESS	
18. /	r/x.	2/3-0	CAUSE OF D		LLWANZ	INTERVAL BETWE	
DISE	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
heart fa	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES (Resulable)						
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
UNDER	LYING CONDITION L						
F	II SIGNIFICANT COND	ITIONS CON-					
TRIBUTE	NG TO THE DEATH, BUT	N CAUSING IT					
4	OF OPERATION O	198, MAJOR FINDINGS	OF OPERATION			YES NO	
LYING	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING Shout home, farm, factory, street, office bldg., etc.)  LYING OF DEATH  21B. PLACE OF INJURY (e. g., in or long) 21C. WHERE DID INJURY OCCUR?						
2 1D. TIME	(Month) (Day) (Year	(Hour) 21E. INJUR		1F. HOW DID INJUR	Y OCCUR?		
	OF INJURY  m. WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from Jeb 3, 180, to July 24, 1952, that I last saw the deceased alive on July 14, 1950, and that death occurred at 2,4m, from the causes and on the date stated above						
23A. SIGN	SURE X	Janany		365-11	The	23c. DATE SIGNE	
24A. BURIAL TION, REMOVAL	(Specify)	- 0	OF CEMETERY OR	CREMATORY 240. L		own, or county) / (State	
BURIAL DATE RECEIV	7-29		125. F	UNERAL DIRECTOR	A. Co.	ADDRESS	
LOCAL REGI	1950 Thurtu	s significants,	Ch	ales f. Wil	1501	8. Fort be	
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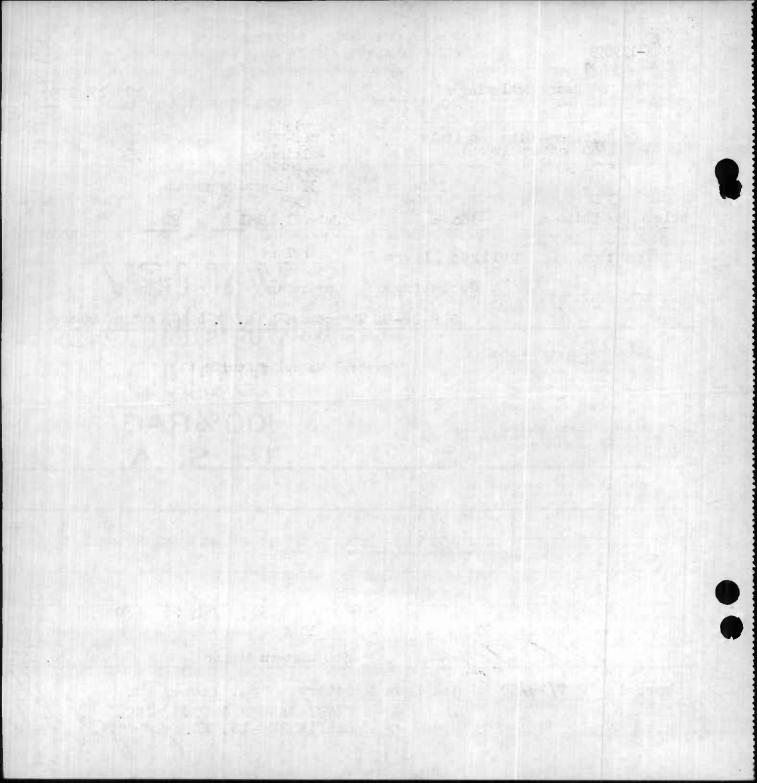
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	6583
Registered	No	

Sikili No.				
1. NAME OF DECEASED (Type or Print) Henry Schlesinger 2. DATE OF DEATH July 26, 1950	0			
3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived, If institution; residence as a state before as before as a state before a state before a state before a state before as a state before a state before as a state before a sta				
HOSPITAL OR Baltimore City Hospitals location) CITY OF TOWN (If outside compounts limite purple)				
	township)			
Yrs. D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Days   35 Riverside Avenue				
Male White Widowed Specify July 21,1861 last birthday Months Days Hou	nder 24 Hours urs Min.			
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (State or foreign country)  WHAT CO				
Carpenter Retired 11 yrs Maryland USA	UNTRY			
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
? Schlesinger unknown?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17. INFORMANT				
(Yes, no or unknown) (If yes, give war or dates of service) 218-09-9206 Records: B. C. H. 4940 Eastern Avenue				
LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT				
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   20. AUTO	NO X			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.)  [If in Baltimore City, give exact location]  [INJURY OCCUR?]				
2 ID. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY				
OF INJURY  WHILE AT NOT WHILE  M. WORK AT WORK				
22. I hereby certify that I attended the deceased from July 19, 1950, to July 26, 1950, that I last	saw the			
deceased alive on July 26, 1950, and that death occurred at 10 A m., from the causes and on the date stated	d above.			
23A. SIGNATURE 23C. DATE S	SIGNED			
July 26,	-			
24a. BURIAL. CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24o. LOCATION (City, town, or county) 24o. Location (City, town, or county) 24o. Lawn Cemetery Baltimore Md.	(State)			
DATE RECEIVED BY REGISTRAR'S SIGNATURE THE WERE GIVE CONC. ADDRESS	1			
111 28 1950 Thurtington Williams Mr. BALTIMORE -13. MD. Jerry J.	Zudy/			
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MARGIN RESERVED FOR BINDING	Y, WITH UNFADING INK. Every item of informatic portant. Physicians: please write the causes of death
	Y, WITH Important.
	PLEASE WRITE LA Y, WITH correct age is especially important.
	PLEASE correct a

Burial DATE RECEIVED BY LOCAL REGISTRAR

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12	0 6584 BA		EALTH DEPARTMENT	50 Registered No	6584
ВІ	RTH NO.	CERTIFICAT	E OF DEATH	Registered No	0
(T	NAME OF DECEASED ype or Print)	ho (PETER		OF DEATHULY 2	
	PLACE OF DEATH: Baltimore City, Maryland	The same of the sa	4. USUAL RESIDENCE (W)	here deceased lived. If in B. COUNTY	nstitution: residence before admission)
H	FULL NAME OF (If not in hospital or instit DSPITAL OR ISTITUTION	ution, give street address or location)		outside corporate limits,	write RURAL and give township)
2	THE CONTRACTOR	Yrs.	D. STREET ADDRESS. (If r	ural, give location)	
-	Length of stay in Baltimore	25 Most	218 5		ST.
	M WIDO	LE, MARRIED, DWED, DIVORCED (Specify)	9 8 8 2	last birthday) Mon	ths Days Hours Min.
worl	netill A Pipe	DO OF BUSINESS OR LINDUSTRY	Inland		USA
13	FATHER'S NAME	los	14. MOTHER'S MAIDEN NA		
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL	M. Dena Sy	sna	00000
(Ye	(If yes, give war or dates of service)	3-07-9293	17. INFORMANT	Record	DRESS
	18. 420.1	CAUSE	OF DEATH	.1	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	e.g., (A) LCRO	bral Yoscul	R Hecide	1 20 hrs
	ANTECEDENT CAUSES	\A1.	eal Yhran	u bri s	2
ATION	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(B)	NGC III.	1 J	70475
FICA		My My	cardral du	JORCHON	ने विकास है
CERTI	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			
		R FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA		LACE OF INJURY (e. g., te, farm, factory, street, office bldg.,		in Baltimore City, gi	ve exact location)
Σ	21b. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
	22. I hereby certify that I attended th	e deceased from 7/	12 , 195 Oto	7/27,1956	that I last saw the
	deceased alive on 7/27, 1950	, and that death occu	rred at Z.40 Am., from th	e causes and on the	e date stated above
	23A SIGNATURE CHEVE	М. О.	22B ADDRESS	Hospital	7/27/80
1 2 TI	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. LC	CATION/City, town,	or courty) (State)

Thurtington Williams, Mr. VS 150

REGISTRAR'S SIGNATURE

Baltimore,

Md.

Oak Lawn Cemetery

HENRY SANDER & SONS, OINC. BALTIMORE - 13, MD.

ADDRESS



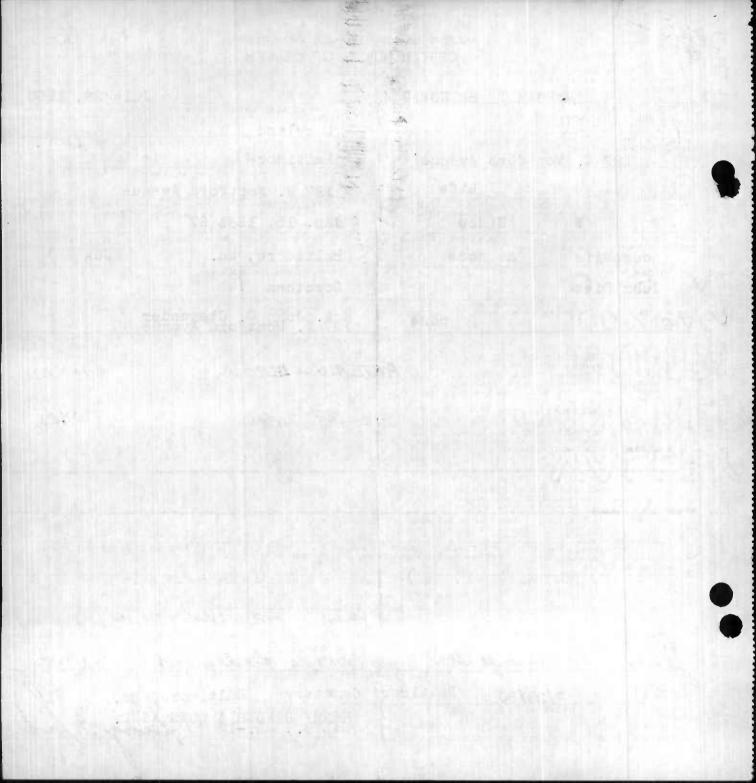
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BIRTH	NO.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

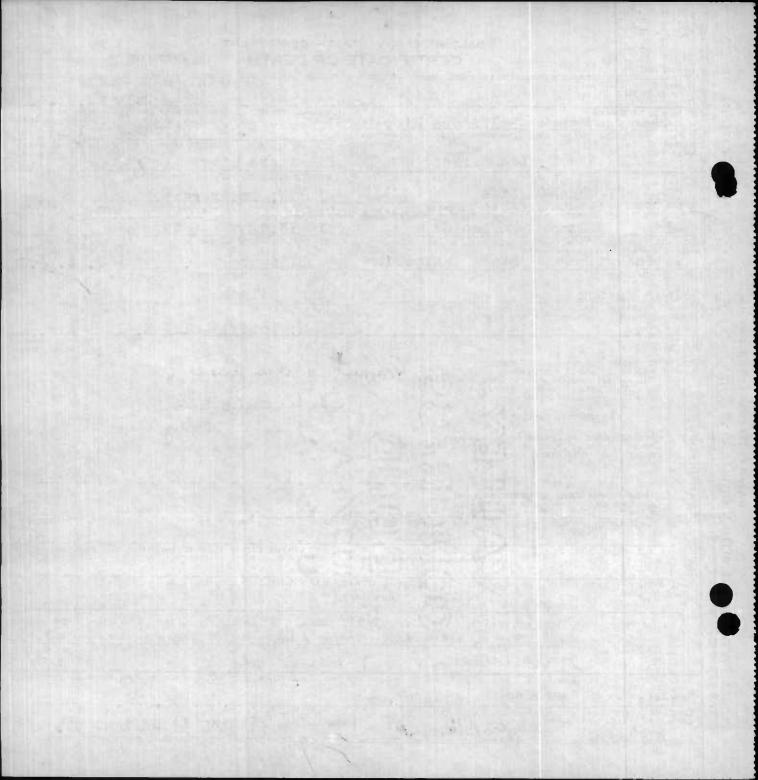
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Registered No.	

BIRTH NO.	E OF DEATH	
1. NAME OF DECEASED (Type or Print)	2. DATE	
MARGARET BRINGMAN	DEATH July	26, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland	31
HOSPITAL OR location)	C. CITY OR TOWN (If outside corpor te limits.	rite RUAL and give township)
127 N. Montford Avenue	Baltimore	township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Days	127 N. Montford Avenue	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	Jan. 15, 1863 87 9. AGE (in years   f Un	der I Year   If Under 24 Hours hs; Days   Houra: Min.
F W Widow		1
IOA. USUAL OCCUPATION (Give kind of the following most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 1.	2. CITIZEN OF
housewife at home		SA COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Diez	Dorothea ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SEGURITY NO.	17. INFORMANT C Obosendar ADI	RESS
(Yes, no or unknown) (If yes, give war or dates of service) none	Mrs. John C. Oberender 127 N. Montford Avenue	
18. 446 X . CAUSE C	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	RIOSCIEROSIS	10 YR)
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES		
0.10	INT. NEPH	5 YRJ.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO		
UNDERLYING CONDITION LAST.		
		•
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT.	ATION	20. AUTOPSY?
¥		YES NO
U all BLACE OF INVERSE ( - in		
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., et	INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT WHILE		
m.   WORK AT WORK _	The state of the s	
22. I hereby certify that I attended the deceased from	ene , 1910, to (fully 26, 1950,	
deceased alive on Mely 24, 19 10, and that death occur		
10 mes - 2 1/2 moses a la 144) 2	3B. ADDRESS	23c. DATE SIGNED
244 NAME OF CEMETER		
TION, REMOVAL (Specify)		1
DATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS
LOCAL REGISTRAR	HENRY SANDER & SONS XINC.	11/
101 28 1950	BALTO., MD13 Zeng	J. Bruns
VS 150		1010
		1310



LY.	WITH	WITH UNFADING INK.	INK.	Every	item of	inf	ormation should be	n shou	ld be	Ily s	lly	supplied.	The	6
mpor	rtant.	Physicians:	please	: please write the	cause	se of	death	clearly	and	lega				1

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF John Samuel Parson On DEATH July 26, 1950
4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH III W. Lee Street Maryland A. Baltimore City, Maryland before admission) Baltimore Vity (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write HURAL and give C. CITY OR TOWN III W. Lee Street Baltimore City Vrs. D. STREET ADDRESS (If rural, give location c. Length of stay in Baltimore Life III W. Lee Street Davs 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under I Year | If Under 24 Hours | In the I Hours | Months; Days | Hours | Min. WIDOWED DIVORCED (Specify Male White Widowed July 15. 1871 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Attendent State Sanitorium Baltimore Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Parson Anna Wilson 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Boidy INTERVAL BETWEEN CAUSE OF 002X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from Dee - 10, 1949, to 1950 that I last saw the 19 D, and that death occurred at I m., from the dayses and on the date stated above. deceased alive on 23 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 7/29/1950 Burial 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Fleming I426 Light St. Thurtington Milliams 1950 VS 150



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	UNFADING	specially important. Physicians: please write the causes of death clearly and legibly.	
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"1 67				
721	BALTIMORE CITY	HEALTH DEPARTMENT	1	EO OFFI
0 6587 BIRTH NO.		TE OF DEATH	Registered :	1,969 n
1. NAME OF DECEASED (Type or Print)	atilda Looki	ngland	2. DATE OF DEATH	7.27.50
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (WASTATE HATTE		institution: residence before admission
HOSPITAL OR	ospital or institution, give street address location	01	outside corporate limi	ts, write RURAL and give
INSTITUTION DOCLORS		Baltimore	1 Du	township
c. Length of stay in Baltimo	Yrs Mos Day	s. Q9 Angler O.	rural, give location)	200
5. GEX 6. COLOR OR R		8. DATE OF BIRTH	9. AGE (In years last birthday) M	Il Under 1 Year H Under 24 Hours onths Days Hours Min.
10a. USUAL OCCUPATION (Givek	ind of 10B. KIND OF BUSINESS OR	3 ~ 3 ~ 1700  11. BIRTHPLACE (State or fo	50.	LIS CITIZEN OF
work done during most of working life, even if re	titired) INDUST		u O	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Christon	ther Maber	where	n.	
15. WAS DECEASED EVER IN U. S. A (Yes, no or unknown) (If yes, give war o	RMED FORCES?   16. SOCIAL SECURITY NO	17. INFORMANT CO	hugland "	DDRESS - APACE.
DISEASE OR CONDITION  (This does not mean the meant failure, asthenia, etc. I injury or complication wheat failure asthenia and the meant failure asthenia and the meant failure or complication wheat failure or compli	ON DIRECTLY DEATH ode of dying, e.g., t means the disease, ich caused death.)  DUE TO  CAUSES  (B)	etropey of h	eart du	ONSET AND DEATH
OTHER SIGNIFICANT CO	BUT NOT RELATED	·	del an al	
19a. DATE OF OPERATION		ERATION		20. AUTOPSY?
O 311 ACCIDENT CHICIDE		,		YES NO
O HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bld		f in Baltimore City,	give exact location)
21D. TIME (Month) (Day) () OF INJURY	Year) (Hour) 21E. INJURY OCCUP  WHILE AT NOT WHI  M. WORK AT WOR	LE	OCCUR?	
22. I hereby certify that I	attended the deceased from 1	. 20 1950, to 7		, that I last saw th
deceased alive on 7 · 2	7. , 19 <b>50</b> , and that death occ	curred at	ie causes and on t	he date stated above
Daniel d	2 also M.D.			
24A. BURIAL, CREMA- TION REMOVAL (Sylcify)	3/50 Louda	TERY OF CREMATORY 24D. LC	Balla town	, or county) (State)
DATE RECEIVED BY REGIS PLOCAL REGISTRA	PAR S SIGNATURE	25. FUNERAL DIRECTOR	Horan 2.0	ADDRESS
VS 150	4.1			400
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# PERRIE BALTIMORE CITY HEALTH DEPARTMENT

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egistered	No-	0000

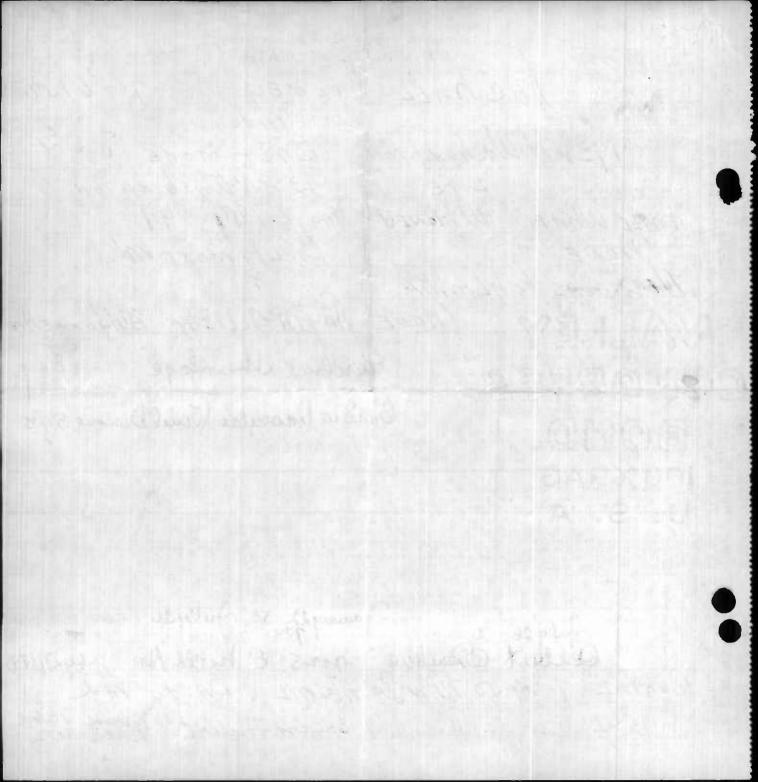
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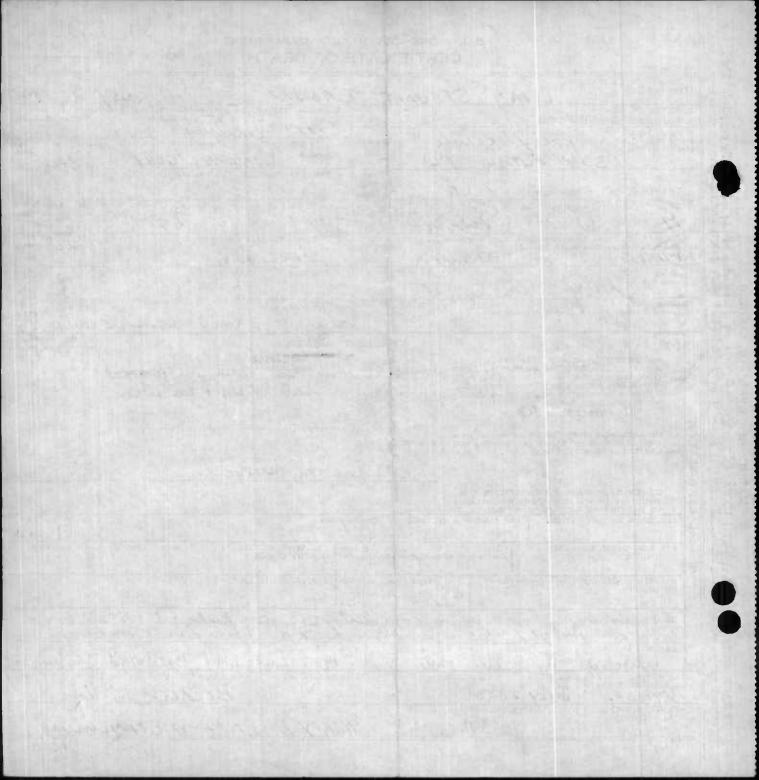
BI	CERTIFICATI	E OF DEATH Registered No.
1.	NAME OF DECEASED ppe or Print)	2. DATE OF
(	Perrie, Charlotte Young	DEATH July 27, 1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address or	)
HC	SPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
1	St. Jeseph's	Lethian (Rural)
7	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore & Days	2404
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Single	S. DATE OF BIRTH  9. AGE (In years It Under 1 Year Months: Days Hours: Min.  45
10 ork	A. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
	None	Lethian Md. U.S.a.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Ulfred M. Verrie	Edna R. Moodwin
Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES7 , no or nnknown) (If yee, give war or dates of service) SECURITY NO.	Edna E. Penio Lothum md
	18. UYYX . CAUSE	OF DEATH
	DISEASE OR CONDITION DIRECTLY	ONSET AND GEATH
	(This does not mean the mode of dying, e.g.,	twe of assucaneurany
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	and of on An
OF L	DISEASES OR CONDITIONS, IF ANY, GIVING	way of apt 19
CAT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
	(c)	
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
V	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 2 19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?
기		
S	July 27 1950 Anourysm of arch of	or 21c. WHERE DID (If in Baltimore City, give exact location)
EDI	HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	INJURY OCCUR?
Σ	21p. TIME (Month) (Day) (Year) (Hour)   21s. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?
9	OF INJURY WHILE AT NOT WHILE	
	m.   work   AT WORK   Tool	y 21, , 19 5,00 July 27, , 19 50 that I last saw the
		red at 5:50pm., from the causes and on the date stated above
	23A. SIGNATURE () () 19 50, and that death occur	3B. ADDRESS 23c. DATE SIGNED
	(2) (2) (M. O.)	1400 N. Caroline St. July 27, 1950
24	A. BURIAL, CREMA- 24B, DATE 24C. NAME OF CEMETE	
0	Burial ruly 29-50 St James	Cems Tracer Mel.
D/	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LC	111 28 1950 tuntu aton Williams, Mis	E.W. Lamoreau 1003 W. Baltimore
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived If institution: residence 3. PLACE OF DEATH A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or ully s location) CITY OR TOWN (If outside corporate limits, write KUlox L and give INSTITUTION township) 1664 Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE AGE (in years | M Under | Year | M Under 24 Hours last hirthday) | Months Days | Hours | Min. 8. DATE BIRTH AGE (In years) If Under 24 Hours plnods SINGLE clearly 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dane during most of anrking life, even if retired) INDUSTRY WHAT COUNTRY information s s of death clear HOME. image 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME RONIZS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17\_INFORMANT ADDRESS (Yes, no or nnknnwn) (If yes, give war nr dates nf service) SECURITY NO INTERVAL BETWEEN item 18. CAUSE OF DEATH 0.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. NOL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ADING UNFADING Physicians: ī RT 11 OTHER SIGNIFICANT CONDITIONS CON-CEI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH EDICAL important. 218. PLACE OF INJURY (e. g., in nr (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 1950, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 125, 1950, and that death occurred at. m., from th e causes and on the date stated above. RIT is e 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, or county) URIA DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. PUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR actaux p VS 150

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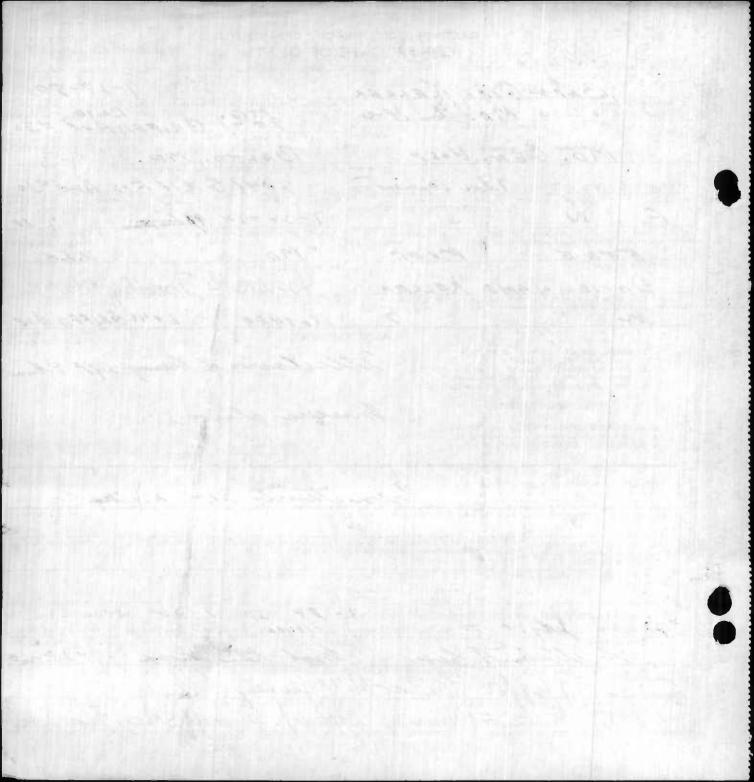
# BALTIMORE CITY HEALTH DEPARTMENT

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Registered	No				

BI	RTH NO.	(505262)00-	13981	CERTIFICA	TE OF DEATH	Registered	No.
1. (T	NAME OF D	ECEASED	Gordon			2. DATE OF DEATH Jul	ly 8, 1950
	PLACE OF D Baltimore	EATH: City, Maryland			4. USUAL RESIDENCE (		f institution: residence before admission)
B. H(	FULL NAME OSPITAL OR STITUTION			ion, give street address locati		CA	its, write RURAL and give township)
)	Tanakh af a	t :- D-14:		Yr Me	s. D. STREET ADDRESS (III		
	SEX	tay in Baltimore 6.COLOR OR RACE	7. SINGL	Da E, MARRIED,	8. DATE OF BIRTH		H Under 1 Year   H Under 24 Hours Ionths: Days   Hours   Min.
	emale	White	sin	VED, DIVORCED (Special Control of	July 8, 1950		Ionths Days Hours Min.
	done during most	CUPATION (Givekind of for working life, even if retired)	108. KINI	O OF BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	NAME	
		William Gordo			Elizabe	eth Bentz	
	. WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give war or date		16. SOCIAL SECURITY NO			ADDRESS
_					nospi	tal Records	INTERVAL BETWEEN
ERTIFICATION	DISEASE RISE TO UNDERL	complication which of ANTECEDENT CAUSES OR CONDITIONS, INTERPREDICTION LANGE (A) THE ABOVE CONDITION LANGE (B) II SIGNIFICANT CONDITION CONDITION LANGE (B) II SIGNIFICANT CONDITION CONDITION CONDITION CONDITION CONDITION	F ANY, GIVE STATING T AST.	(B) NG HE DUE TO (C)		<i>V</i>	
CE		G TO THE DEATH, BUT DISEASE OR CONDITION					
AL	19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF O	ERATION		20. AUTOPSY?
IEDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. farm, factory, street, office bi		(If in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY  MHILE AT WORK   AT WORK							
	deceased a	live on July 8	L, 19.50.	and that death oc	uly 8, 19 50 to Juncurred at 7 P.m., from	the causes and on	the date stated above.
	23A. SIGNA	/	uns	H M. D.	601 N. Broad	dway	7-12, 1950
716	AA. BURIAL, ON, REMOVAL (	CREMA: 24B. DATE	Y		TERY OR CREMATORY 124D.	LOCATION (City, tow	n, or county) (State)
D	ATE RECEIVE	D BY REGISTRAR		Villians, 11 =	25. FUNERAL DIRECTOR		ADDRESS
	VS 150	MAXON	Note of the second	·引擎)。 中山 柳柳林十八			159

Patrice MIZZEL negri atas de l'ambre de l'ambre

12.	1	160								
The	B	IRTH NO.	6593	BA	CERTIFICA			Regist	ered No	6593
	1.	NAME OF I	DECEASED	Cia	Keus		ar-rutr.	2. DATE OF DEATH	7-28	7-50
efully supplied.	Α.	-	City, Maryland	Mp.	Un Itor	A. STATE	RESIDENCE (W	here deceased li	ved. If instit	
illy su	H	FULL NAME OSPITAL OR NSTITUTION	OF (If not in hos	pital or institu	tion, give street addres locati		R TOWN (If	outside corpora	te limits, wri	ite RURAL and giv
efu legibly.	-	16	10. 5	71	· Mi	DS.	T ADDRESS (If	rural, give locat	/	# 43
Di P		. SEX	stay in Baltimore		E, MARRIED, WED, DIVORCED (Spe	8. DATE C	F BIRTH	9. AGE (In ye last birthds	ars If Under	Year If Under 24 Hour Days Hours: Min
on should clearly a	10 wor	DA. USUAL O	CCUPATION (Give kind tof working life, even if retir	of 10B. KIN	O OF BUSINESS OR		PLACE (State or fo	reign country)		CITIZEN OF WHAT COUNTRY
ation th cle		3. FATHER'S	VNE		roxe	/	TA MAIDEN NA	уме		4.5.4
VDING information of death cle	15	5. WAS DECEAS	MEL VA	ME /	KELLER 16. SOCIAL	17. INFOR	SWICK	DORO	Hy /	Marie
of of ises	(Y	on, no or unknown	(If yes, give wer or d	ates of service)	SECURITY NO	Me	THER	209	11 611	FFIS AND
O to			SE OR CONDITION	ATH		E OF DEAT	H	, ,		NTERVAL BETWEEN
_ 2		heart fail	es not mean the mod- ure, asthenia, etc. It no complication which	eans the disea	se,		sur q	- Mar	9-14	Her
RESERVED INK. Ever	NO	DIGELOS	ANTECEDENT CA		(8)	neu	- plu	9		
	1	RISE TO	ES OR CONDITIONS THE ABOVE CAUSE ( YING CONDITION	A) STATING T	NG HE DUE TO (C)			(		
MARGIN UNFADING Physicians:	RTIFIC	OTHER	II SIGNIFICANT CON	DITIONS CO	N					
M. UNH Phys	CEF	TRIBUTIN	G TO THE DEATH, BUDISEASE OR CONDITI	T NOT RELAT	ED Pala	- eter	ul 31	1-32-	upa	20. AUTOPSY?
WITH rtant.	ICAL		DENT WAS UNDER		ACE OF INJURY (e.	6	HERE DID (I	f in Baltimore	City, give e	YES NO
ILY, WITI	MEDI	CAUSE OF	OR CONTRIBUTING	ebout home	ferm, factory, street, office bl	dg.,etc.) INJUR	Y OCCUR?			
NA		OF INJURY		m.	WHILE AT NOT WH	ILE	OW DID INJURY			
esper		deceased of	live on Jessey		deceased from and that death oc					
WR re is		23A, SIGNA	Litter	in to	EMM M.D.	23B. ADDRES	the.	Korp	12	-28-50
PLEASE WR correct age is		4A. BURIAL, ON, REMOVAL (		150	adar l	1004	MATORY 240. LO	COLL	, town, op co	ounty) (State)
PLE		ATE RECEIVE	TRAR	R'S SIGNAT	Mianus, Mik	1 Suu	La Cowa	u Hal	L AD	allux V
	1	VS 150	Proxe.	- Training	the state of the Contract of t	1 1			,	59
				100	AND DO NO	1 179	71 6		,	



50 - 6594

(If outside corporate limits, write RURAL and give

Months: Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?

> INTERVAL BETWEEN ONSET AND DEATH

before admission)

township)

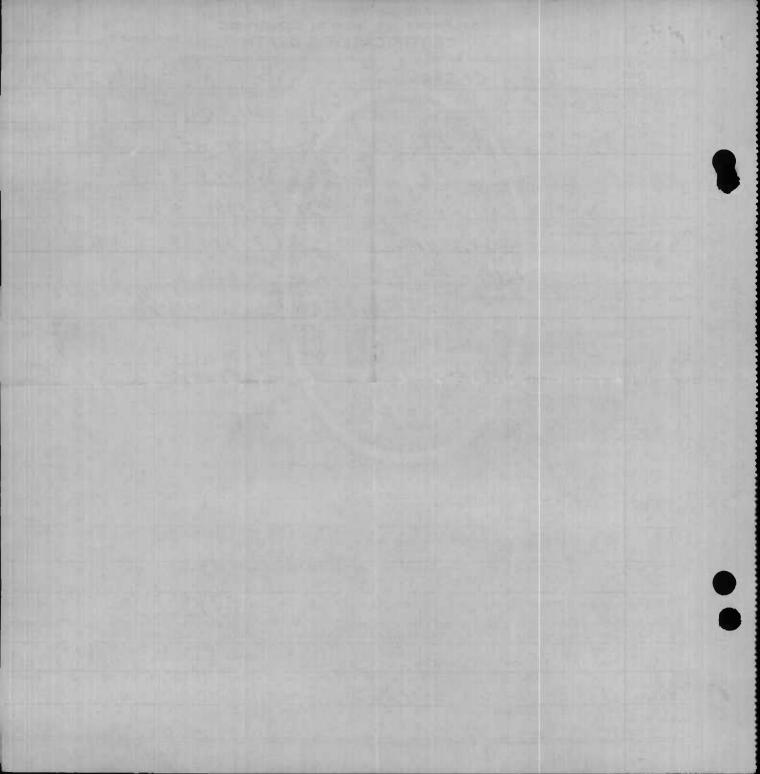
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Il Under 1 Year

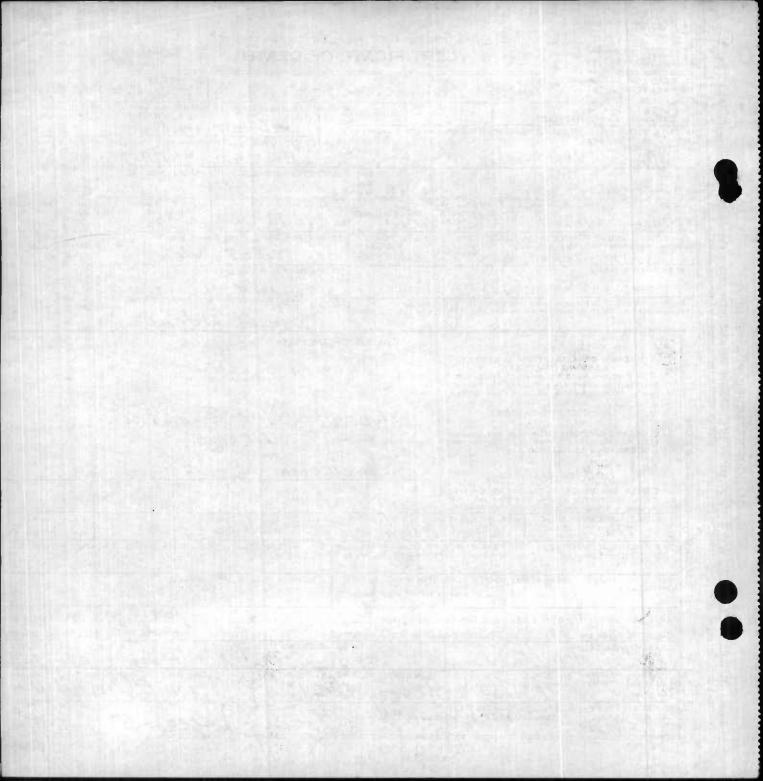
20. AUTOPSY

m., from the causes and on the date stated above. 23c. DATE SIGNED

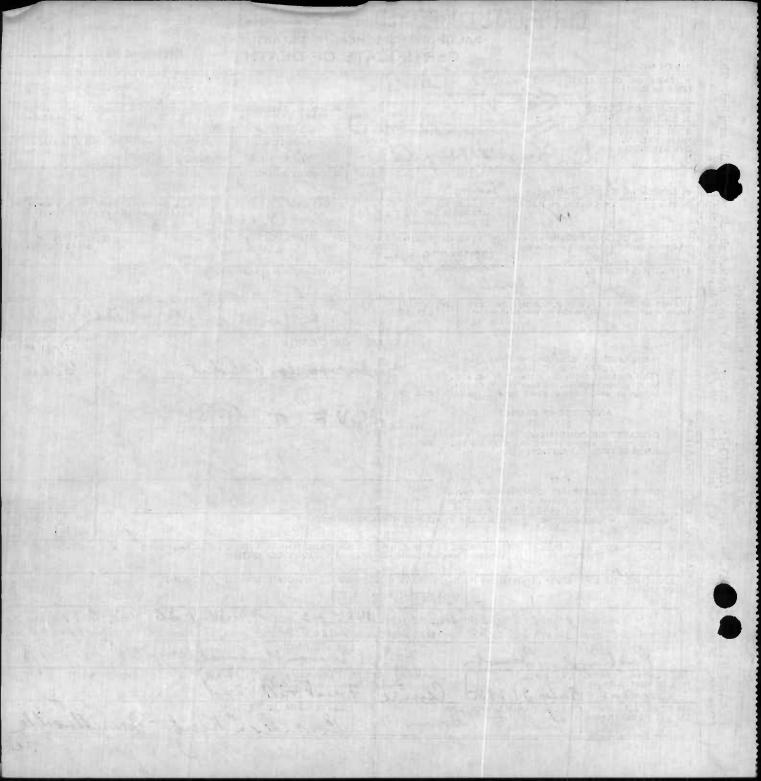
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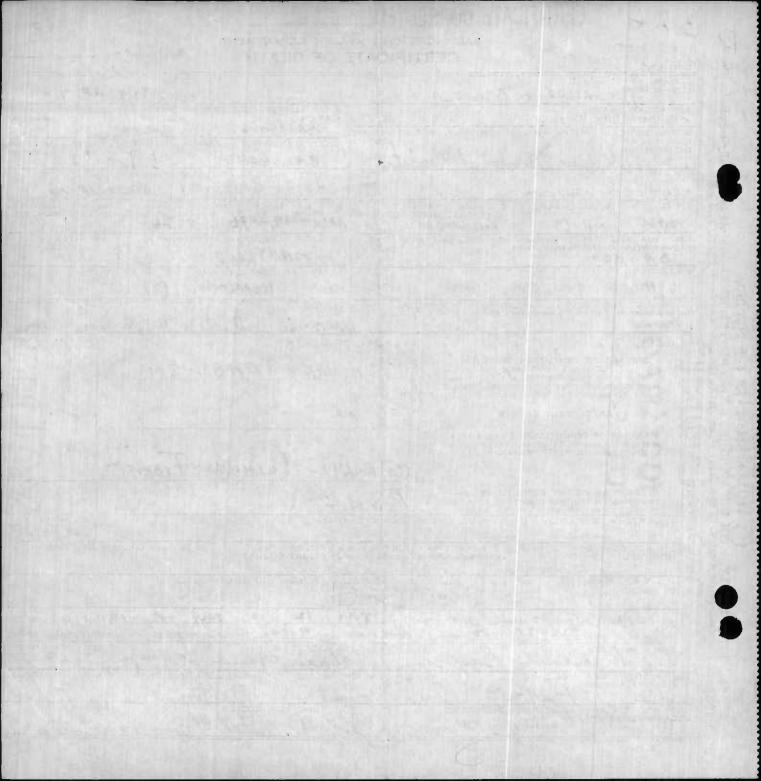
7	11 /	52.5		
Ul:			EALTH DEPARTMENT / 50	6596
The	D	LIRTH NO.596 CERTIFICAT	E OF DEATH Registered No.	
	1.	NAME OF DECEASED CHARLES W. JOH	N 50 N 2. DATE OF 7/28	150
lly supplied.	A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If inst	titution : residence before admission)
my s	H	OSPITAL OR		rite RURAL and give township)
d be and legibily		Yre. Moa Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)	
		Length of stay in Baltimore  SEX  6. COLOR OR RACE  WIDOWED, DIVORCED (Specify  MARRIED)  WHITE  MARRIED  WHITE	8. DATE OF BIRTH   9. AGE (In years)   H Und	er 1 Year Hunder 24 Hours S Days Hours Min.
on should clearly ar	10 WOT	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
atic		3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USH
BINDING of inform uses of dea	1:	5. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADD	RESS
R BINE		(If yes, give war or dates of service) SECURITY NO.	CHARLES WJOHNSON	
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cau	NOI	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OF DEATH  PROTAE ARREST  FRIENSIVE CARDIO VASCALA  DISEASE  CIUCMA OF LUNG	ONSET AND DEATH
1	1.3	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERA		20. AUTOPSY?
LY, WITH important.	EDIC	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., about home, farm, factory, atreet, office bldg.	in or   21c. WHERE DID   IIf in Baltimore City, give	exact location)
S.II	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY		
PLEASE WRITELL	2 11	22. I hereby certify that I attended the deceased from deceased alive on 7/28, 19.50, and that death occu 23A. SIGNATURE  4A. BURIAL CREMA: 24B. DATE 24C. NAME OF CEMETE 24C. NAME OF CEM	ery or CREMATORY 24D. LOCATION (City, town or	7/28/50
		VS 150 29071	Loung syon 300	477) lar



1	LO CERTIFICATE CURRECTED—	8-2-50	OFFE			
50	6597 BALTIMORE CITY HE CERTIFICATE		6597			
1.	NAME OF DECEASED John Harvey Weller	2. DATE OF DEATH	28-50			
A.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If inst	itution : residence before admission)			
H	FULL NAME OF (If not in hospital or institution, give street address or location) ISTITUTION  The street address or location loca	C. CITY OR TOWN (If outside corporate limits, w.	rite RURAL and give township)			
1	Length of stay in Baltimore 6 days Mos. Days	D. STREET ADDRESS (If rural, give location)	200			
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DTVORCED (Specify)		T Year H Under 24 Hours Days Hours Min.			
ror.	A. USUAL OCCUPATION (Givekind of a done during most of working life, even if retired)  inesman Foreman		CITIZEN OF WHAT COUNTRY			
13	FATHER'S NAME Little Co.	14. MOTHER'S MAIDEN NAME Lilly Bell. Divers				
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 4. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT  Cornelia Walker	Ess, hel			
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH  (A)  Corubrovacular Accident					
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	UP O A.SHP				
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
AL (	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?			
EDIC	21a. ACCIDENT. SUICIDE.  HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE						
22. I hereby certify that I attended the deceased from JULY 23, 1950, to JULY 28, 1950, that I last deceased alive on JULY 28, 1950, and that death occurred at 7:25 m., from the causes and on the date state						
		3B. ADDRESS				
		Una Menoral Horpical	7/28/50			
2. TI	23A. SONATURE  A. BURIAL, CREMA: 24B. DATE  ON REMOVAL (Specify)  24B. DATE  24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or or or or the Wall Md. Fallston, M.	county) (State)			
TI	23A. SONATURE  A. BURIAL, CREMA: 24B. DATE  ON REMOVAL (Specify)  24B. DATE  24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or or or or the Wall Md. Fallston, M.	7/28/50 county) (State)			



12	12	26 CERTIFICATE CORRECTED_	8-11-50
10.		BALTIMORE CITY	HEALTH DEPARTMENT 50 6598
The	C	IRTH NO. CERTIFICA	TE OF DEATH Registered No.
		NAME OF DECEASED  Type or Print)  CHARLES IT. BACTJER	2. DATE OF DEATH JV4 28, 1950
ully supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
ns A	H	FULL NAME OF (If not in hospital or institution, give street address OSPITAL OR locatio	
A.	11	Union Memorial Hospital	BALTIMORE 27 = // township
legibly.	c.	Yrs Mos Day	4300 GREENWAY BOITS IP
1d b		MALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special MARRIED)	8. DATE OF BIRTH 1875 9. AGE (In years II Under I Year last birthday)  APRIL 2928-1776 9. AGE (In years II Under I Year Hours Min 75 76
VDING information should of death clearly an		OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY USA
atio	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
orm dea	15	JOHN G. BAGTJER (D)	MARY KOPPLEMAN (D)
BINDING of inform uses of dea		5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  NENDON  16. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS
- F	-		OF DEATH
e it o		DISEASE OF CONDITION DIRECTLY	ONSE! AND DEA!
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	MONARY EMBOLISM -
Ever Ever write		injury or complication which caused death.) DUE TO	
RESERVED INK. Even please write	Z	ANTECEDENT CAUSES (B)	2 ?
RE IN	TIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
MARGIN UNFADING Physicians:	IC.	CHE	ONIC PULMONARY FIBROSIS
ARC FAL sicia	RTIF	OTHER SIGNIFICANT CONDITIONS CON-	// 4
M UN Phy	CEI	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	45
E H	7	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OP	ERATION 20. AUTOPSY?
LY, WITH important.	DIC/	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bld	, in or 21c. WHERE DID (If in Baltimore City, give exact location)
'X,	ME		
H.II		21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUP OF INJURY WHILE AT NOT WHI	
cian		m.   work L AT WOR	кШ
Spe		deceased alive on TVLY 22, 1950, and that death occ	curred at 4:150 m., from the causes and on the date stated above
WRIT s is		23A. SIGNAPORE Richard Beach M.D.	Union Memorial Josp 23c. DATE SIGNED
PLEASE WRITT	2. TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify) 7-29-50 Jrun Mo	TERY OR CREMATORY 24D. LOCATION (City flown, or county) (State)
PLE,	DL	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	=	VS 150	92D



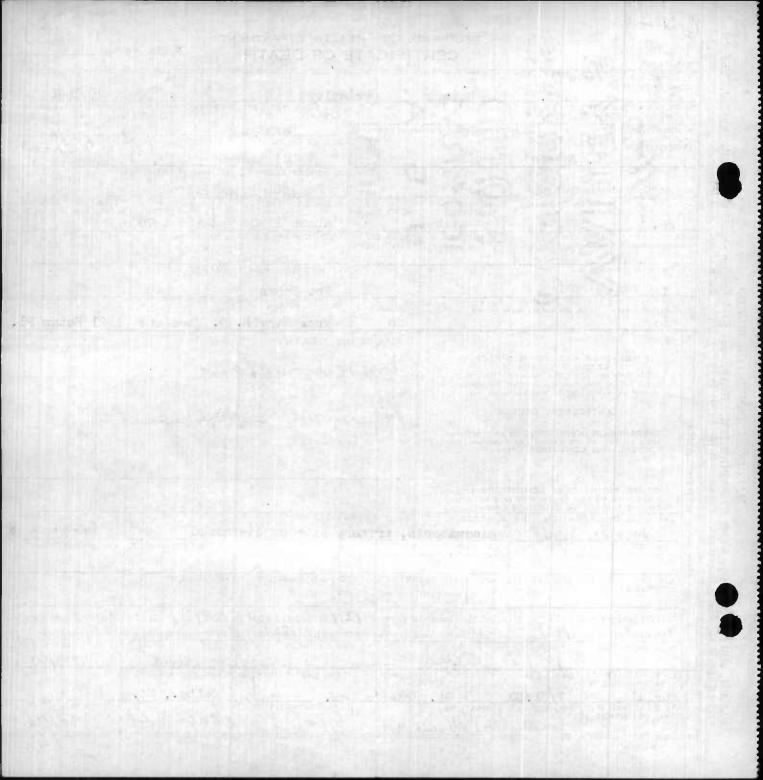
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	PLEASE WRIT L LY, WITH UNFADING INK. Every item of information should be	th clearly and
MARGIN RESERVED FOR BINDING	m of inform	causes of des
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MARGIN	UNFADING	Physicians:
	WITH,	ortant.
	ILY	y imp
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	WRI	ge is
	PLEASE	correct a

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

6599 50 Registered No.

BIRTH NO.				E 01 DE: 1111		
1. NAME OF (Type or Print		R.			2. DATE	
<u>``</u>	Mrs. Je	nnie/Gri	msey (Gr	imsley)		28,1950
3. PLACE OF A. Baltimore	City, Maryland		Sylventers	A. STATE	(Where deceased lived, If in B. COUNTY	stitution: residence before admission)
B. FULL NAM HOSPITAL OF INSTITUTION	R	il or institutio	n, give street address o location		(If outside corporate limits,	
11	St. Joseph's	Hospita	1	Baltimor	e	township)
		Nation 1	Yrs.	D. STREET ADDRESS		
c. Length of	stay in Baltimore	Life	Mos. Days	1806 Eut	aw Place	
5. SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED.	8. DATE OF BIRTH	9. AGE (In years) HU	nder I Year   If Under 24 Hours
Fe.	White		D, DIVORCED (Specify	about 1880	about 70	ins Days Hours Min.
10A. USUAL C	OCCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State		2. CITIZEN OF
	est of working life, even if retired)		INDUSTR			WHAT COUNTRY?
NO:				Arkansas 14. Mother's Maiden	N NAME	
	Blay ASED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	Not Known		
(Yes, no or onknow	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		DRESS
no			no	Mrs. Mary F.	D. Moreland 19	21 Eutaw Pl.
18.	99.8.		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE TO UNDER U	TY 27. 1950 C	ns the disease, aused death.)  ES  FANY, GIVING STATING THE ST.  TIONS CONNOT RELATE CAUSING IT 9B. MAJOR  ATCINOMAL 21B. PLAC	DUE TO  (B) Pture  (C)	RATION  Try site undeter  To or   21c. WHERE DID	mined (If in Baltimore City, given	20. AUTOPSY7
21D. TIME OF INJUR	(Month) (Day) (Year)	WI	TE. INJURY OCCUR!		URY OCCUR?	
22. I her deceased 23A. SIGN 24A. BURIAL TION, REMOVAL	. CREMA- 24B. DATE	ended the d	deceased from 74 and that death occu	rred at 9:22AMn., fro 23B. ADDRESS 1400 N. Carol	7/28/, 19 50, m the causes and on the ine Street	date stated above.  23c. DATE SIGNED  7/28/50
Burial	7/31/50	)	St. Peter's	Cem.	Balto. Md.	0
DATE RECEIVED	VED BY   REGISTRAR'	S SIGNATUR		25 FUNERAL DIRECTO		. Pallo
VS 150	1					/Ma.
					5	5E
Lawrence 1	BARRA LINE	V-L	U-CONT. THE INT.	1 1 1		



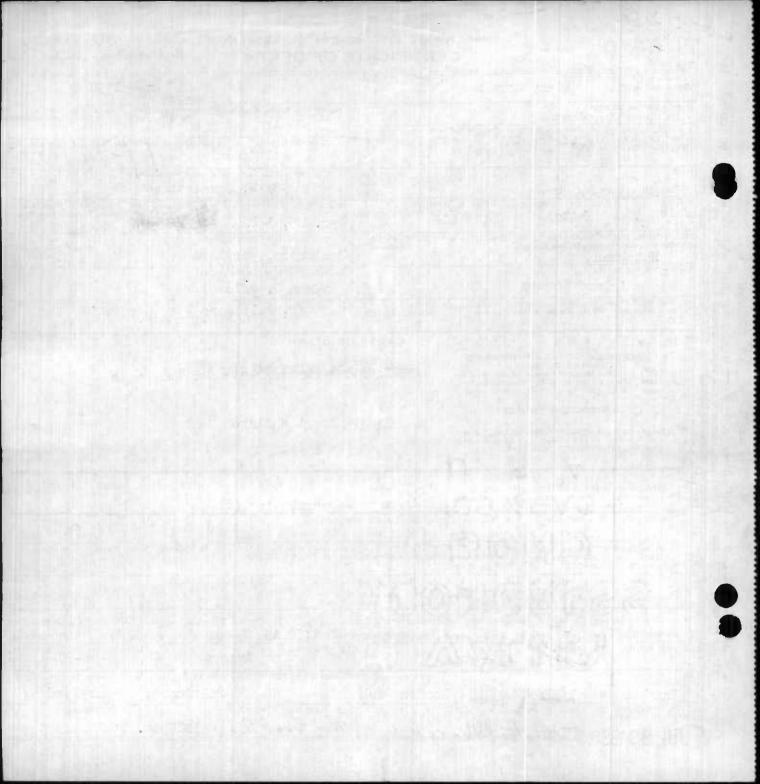
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14011	8000
)0	Doull
BIRTH	NO

	-50	6600
A	No	

5	660 IRTH NO.	0	C		E OF DEAT		Registere	d No	0000
1.	NAME OF D	Eccased Emory L	ovman				OF 7-28	-1950	
3 A.	PLACE OF D	EATH: City, Maryland		. give street address o	4. USUAL RESIDE	NCE (Where	EATH deceased lived B. COUNTY		on: residence efore admission)
H	OSPITAL OR	Baltimore C	ity Hospi n Avenue	itals location	c. CITY OR TOWN	(If outsid	e corporate li	halts, walted H	RAIF and give township)
		tay in Baltimore	2 1	Days? Yrs. Mos. Days		S. Mount	_		
	sex ale	6. COLOR OR RACE White		MARRIED, DIVORCED (Specify	1220 279 10	82	GE (In years	Months Day	ys Hours Min.
MOL	Match  RATHER'S N		RACE	F BUSINESS OR INDUSTR	Baltimore,	Maryland	country)		IZEN OF AT COUNTRY?
		chard Lowman			Emma J.				
(Ye	o, oo or uokoowo)	ED EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANTA	ltimore (	City Hos	PPERSON	
ERTIFICATION	heart failu injury or DISEASES RISE TO T	not mean the mode of re, asthenia, etc. It mea complication which complication which complication which complication complication which complication	ns the disease, aused death.)  ES  ANY, GIVING STATING THE	DUE TO	ic Emphysema t Heart Fail		Pulmon:	ale	
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	Probable Pulmonary	Tuberculosis	(?)			
EDICAL	21A. ACCID	ENT WAS UNDER-	21B. PLACE	NDINGS OF OPE	in or   21c. WHERE D	ID (If in F	saltimore Cit	YES	
ME	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  WHILE AT WORK AT WORK								
	deceased al	y certify that I att ive on 7-28	ended the dec	d that death occu	rred at2:50 Am.,	from the car	uses and or	n the date	l last saw the stated above.
	23A. SIGNAT	OS. C	20 ger	м. р.	238 ADDRESS 14910 Bastern	Avenue	High T	7-28-	-50
TIC	burial burial	7/31/50		. NAME OF CEMET. Loudon Park	ERY OR CREMATORY	Balt:	on (City, to imore,	wn, or county	
	TE RECEIVED CAL REGIST		SIGNATURE WILLS	us,MJ	Wm. Cook		217 St.	Paul S	

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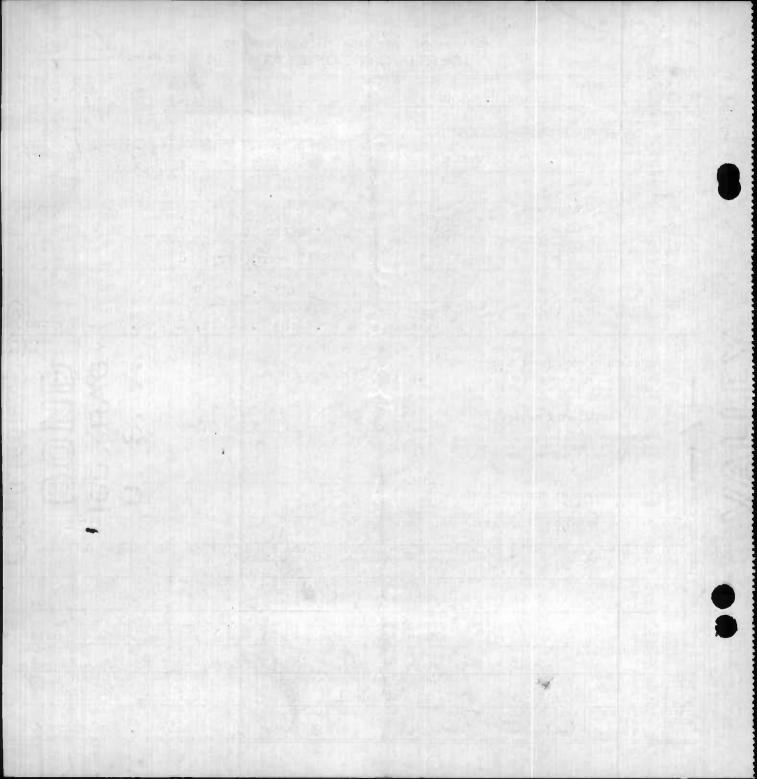


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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	660j
Registered	No.	OOO.K

40	ype or Print)	Mar	y V. St	out		DEATH	y 28, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission		
В. І			al or institution	n, give street address or location)	Maryland	(10 1 1 N N N N N N N N N N N N N N N N N	
	CTITUTION .	W. Nor	th Aven		c. CITY OR TOWN Baltimore	(If outside corporate fam.	fts, write RURAL and giv township
0	0			Yrs.	D. STREET ADDRESS (	If rural, give logation)	
	Length of stay in Ba			Mos. Days	2800 W. Nort	h Avenue	
5.		ite	7. SINGLE. WIDOWE	MARRIED, ED, DIVORCED (Specify) Wed	8. DATE OF BIRTH Nov. 24, 1873	9. AGE (In years last birthday) M	If Under 1 Year   11 Under 24 Hours   Min
10,	A. USUAL OCCUPATION done during most of working life, housewife	N (Give kind of e, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Baltimore, Ma		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME				14. MOTHER'S MAIDEN		1
	John Blac				Mary J. Wi	lson	
15. (Yes	. WAS DECEASED EVER IN t, no or unknown) (If yes, g	U, S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	Mr. John R. Mc		Morth Avenue
	18. Fasy		-	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CO						
	(This does not mean	G TO DEAT	f dying, e.g.	, (A)	rioselvosis		10 YRS.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECE	DENT CAUS	ES				
C DISEASES OF CONDITIONS IS ANY CIVING					INTERSTITAL	MSPA.	5 Yes
NICA COLOR TRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
U	BINDERLYING CON	ADITION LA	51.				
		П		(C)			
OTHER SIGNIFICANT CONDITIONS CON			NOT RELATE	MYACA	120. Tes.	5700	
U	19A. DATE OF OPERA	TION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
U	19a. DATE OF OPERA	C				(Ic : P-vi Cit-	YES NO
DICAL C		CIDE.	21B. PLA	FINDINGS OF OPER CE OF INJURY (e. g., i rm,factory,street,office bldg.,	e or 21c. WHERE DID	(If in Baltimore City,	YES NO
DICAL C	19A. DATE OF OPERA  21A. ACCIDENT, SUIC HOMICIDE (Specify  21D. TIME (Month) (	CIDE,	21B. PLA	CE OF INJURY (e.g., i	n or 21c. WHERE DID otc.) INJURY OCCUR?		YES NO
DICAL C	19A. DATE OF OPERA  21A. ACCIDENT, SUIC HOMICIDE (Specify	CIDE,	21B. PLA about bome, fa (Hour) 2	CE OF INJURY (e. g., i rm,factory,street,office bldg.,	z or 21c. WHERE DID INJURY OCCUR?		YES NO
DICAL C	21A. ACCIDENT, SUIC HOMICIDE (Specify 21D. TIME (Month) ( OF INJURY	CIDE.	21B. PLA about home, fa (Hour) 2 m.	CE OF INJURY (e. e., i, irm, factory, street, office bldg., office bldg.	ED 21F. HOW DID INJU	RY OCCUR?	yes No give exact location)  1, that I last saw th
DICAL C	19A. DATE OF OPERA  21A. ACCIDENT, SUIC HOMICIDE (Specify  21D. TIME (Month) (	CIDE. (Day) (Year)	21B. PLA about home, fa (Hour) 2 m. w	CE OF INJURY (e. g., i rm, factory, street, office bldg., te. INJURY OCCURR HILE AT NOT WHILE AT WORK AT WORK at the death occur and that death occur	ED 21F. HOW DID INJU	RY OCCUR?	yes No give exact location)  1, that I last saw the date stated above
DICAL C	21A. ACCIDENT, SUIC HOMICIDE (Specify  21D. TIME (Month) ( OF INJURY  22. I hereby certify	CIDE. (Day) (Year)	21B. PLA about home, fa (Hour) 2 m. w	CE OF INJURY (e. g., i rm, factory, street, office bldg., the line bldg., the	ED 21F. HOW DID INJU	RY OCCUR?	give exact location)  give exact location)  t, that I last saw the date stated above 23c. DATE SIGNED
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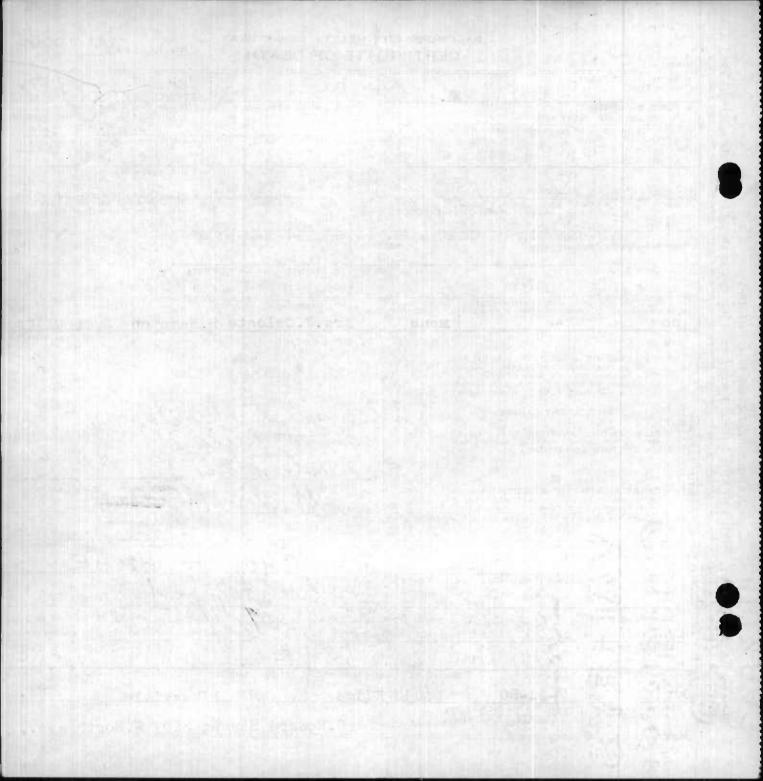
	6602	BALTIMORE CITY HE CERTIFICATI		Registered No.	0 6602
	IRTH NO.				
(3	NAME OF DECEASED Print)	IFB. BIDEN	J	2. DATE OF DEATH	78/50
A	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If ins B. COUNTY	titution residence before admission)
H	FULL NAME OF (If not in hospital or i	nstitution, give street address or location)	C. CIPTOR TOWN (II	f outside corporate limits, w	vrite RURAL and give
15	E CHVICCH II	ONFINOSA	12/4/11	rural, give location)	- 0 3
C	Length of stay in Baltimore	Yrs. Mos. Days	BRADWA	y + FATRMO	UNT
5	SEX 6. COLOR OR RACE 7. S	INGLE MARRIED, IDOWED, DIVORCED (Specify)	MAR 16186	9. AGE (In years If Bod last birthday) Month	er I Year H Under 24 Hours Days Hours Min.
1 (	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)   12	WHAT COUNTRY?
13	B. FATHER'S NAME	, -	14. MOTHER'S MAIDEN N	AME	211-112-112
	JAMES BIT	) EN	ILIZABET	+ ELKIN:	S
(Y	5. WAS DECEASED EVER IN U.S. ARMED FOR 10, no or unknown) (If yes, give war or dates of ser	vice)   SECURITY NO.	17. INFORMANT		RESS
-	no	none	Mrs.J.Celeste	B. Hampton 3	208 Clifto
	18. 4 20.0 1		OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyi heart failure, asthenia, etc. It means the injury or complication which caused	ng, e. g., (A)	Chr. preun	mix	
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F		(c) 943 J	arlemele	is The	M.
CERT	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED 19/11	sleft refris	t of The Asst	MEDICAL EXAMINER.
		AJOR FINDINGS OF OPER	ATION	fenn	20. AUTOPSY?
MEDICAL		B. PLACE OF INJURY (e. g., in thome, farm, factory, street, office bldg., e HVRCH HVME		If in Baltimore City, give CH HON	exact location)
-	OF INJURY (Month) (Day) (Year) (Hou		ellat	y ogcur?	
	22. I hereby certify that I attende	d the deceased from 7	1349, 10	7/28 , 1950, 1	that I last saw the
		and that death occur		he causes and on the	
	Small W	MIN M.D.	300 9 Fulique	a are	7 18 SIGNED
TI	4A. BURIAL CREMA- ON, REMOVAL (Specify) Burial 7-31-50	Druid Ride	RY OR CREMATORY \$40. L	Pikasvilla	county) / (State)  Md.

25. FUNERAL DIRECTOR

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ADDRESS

G. Howard Strong 3207 W. North Ave.,



VS 151 N. Carrolltom

before admission)

I If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSYT

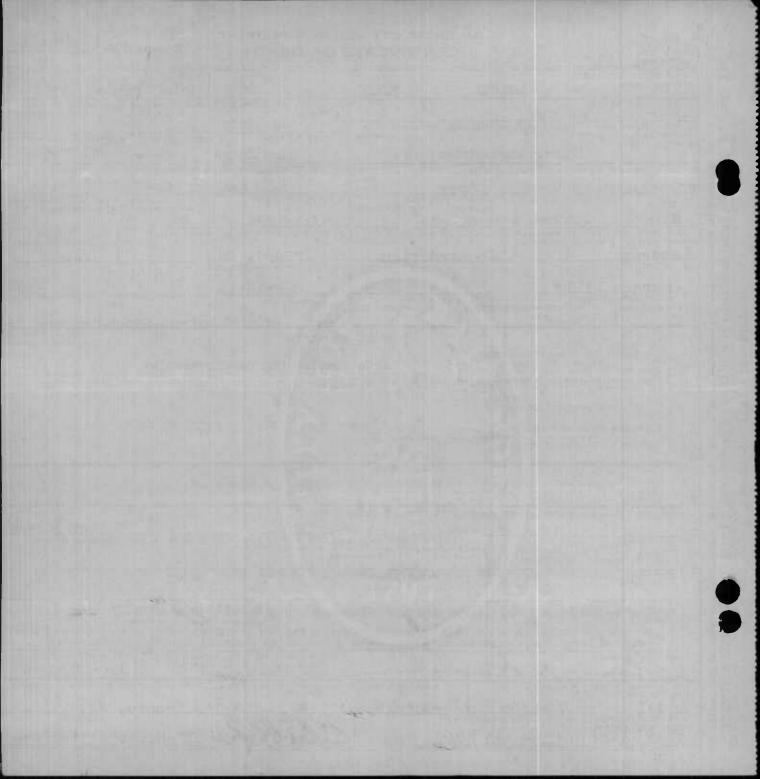
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If Under 1 Year

ADDRESS

12. CITIZEN OF



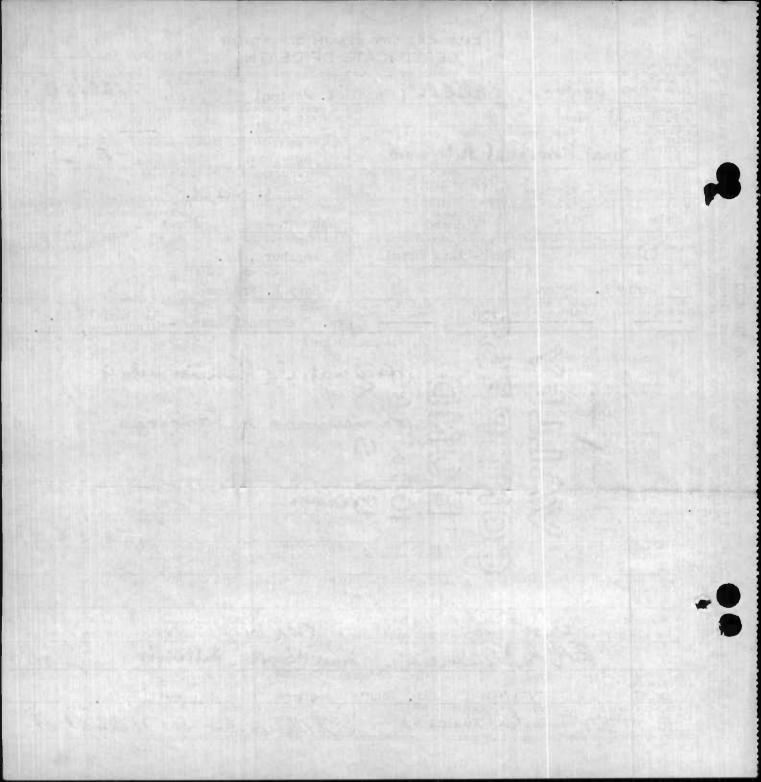
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) PETTON, CAMELL OF Cabell Y. Peyton 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or INSTITUTION HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) D. STREET ADDRESS (If rural, give location) Yrs. 22 years Mos. 906 St. Paul St. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, 9. AGE (In years) 8. DATE OF BIRTH If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male White Unknown About Widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF Park-Plaza Hotel work done during most of working life, even if retired) WHAT COUNTRY? Clerk Leesburg, Va. 13. FATHER'S NAME 14. NOTHER'S MAIDEN NAME Henry E. Peyton Mary E. Braden 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Oakdale Rd. SECURITY NO rs. Pierrepont Adams -Glenbrook. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ad Cancinometri LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. RTIFI H OTHER SIGNIFICANT CONDITIONS CONli. TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 EDICAL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from. 19\_\_\_, to\_\_ ., 19\_\_\_, that I last saw the deceased alive on Toly 38 , 1950 , and that death occurred at 130 a.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 24p. LOCATION (City, town, or county) Burial St. John's Cemetery DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE houting for / Hillands, Mis VS 150 390 8B



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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered	No	

B. F.FLL. NAME OF (If not in hospital or institution, give street address or hospital or institution)  St. Joseph's Hospital  St. Joseph'			
9. PLACE OF DEATH:  A. Baltimore City, Maryland  8. FULL NAME OF (If not in hospital or institution, give street address or Maryland or Nospital or institution, give street address or Maryland  St. Joseph's Hospital  Baltimore  D. St. Get In June Joseph's Hospital  St. Joseph's Landers Girar Hospi	20		
Maryland OSPITALO St. Joseph's Hospital St. Joseph's Hospital Yes. Mos. Date of Stay in Baltimore C. Length of stay in Baltimore S. SEX S. G.COLOR OR RACE WIDOWED, DIVORCED (Speelry) White No. SEX S. DATE OF BIRTH S. DATE OF BI			
St. Joseph's Hospital  Mos. Days  Street  D. Street Address (If rural, give location)  31.7 E. 22nd Street  Street			
C. Length of stay in Baltimore  S. SEX S. SEX S. COLOR OR RACE OWNITE  10A. USUAL OCCUPATION (Givekinded of Disk. KIND OF BUSINESS OR INDUSTRY)  White  10A. USUAL OCCUPATION (Givekinded of Disk. KIND OF BUSINESS OR INDUSTRY)  Wife  11. BIRTHPLACE (State or foreign country)  Baltimore, Maryland  12. CITIZER WHAT  OWN Home  13. FATHER'S NAME  GOGTRY W. Lang  15. WAS DECEASED EVER IN U. S. ARNED FORCES? (Yes, no or uzknown)  (If yes, give war or dates of service)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.)  DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DISEASES OR CONDITIONS CON-THE DISEASE OR CONDITIONS CON-THE DISEASE OR CONDITION SCANSING IT.  DISEASES OR CONDITIONS CON-THE DISEASE OR CONDITIONS CON-THE DISEASE OR CONDITION SCANSING IT.  DISEASES OR CONDITIONS CON-THE DISEASE OR CONDITIONS CON-THE DISEASE OR CONDITION SCANSING IT.  DISEASES OR CONDITIONS CON-THE DISEASE OR CONDITION SCANSING IT.  10 OTHER SIGNIFICANT CONDITIONS CON-THE DISEASE OR CONDITION SCANSING IT.  11 OTHER SIGNIFICANT CONDITIONS CON-THE DISEASE OR CONDITION SCANSING IT.  12 OTHER SIGNIFICANT CONDITIONS CON-THE DISEASE OR CONDITION SCANSING IT.  13 ACCIDENT, SUICIDE, 21s. PLACE OF INJURY (e. s., in or DISEASE) (IT WHERE DID (If in Baltimore City, give exact loc NOT WHILE INJURY OCCUR?  21 T. IMP (Month) (Day) (Year) (Hour) 21s. INJURY OCCUR?  21 T. HOW DID INJURY OCCUR?	AL and give township)		
c. Length of stay in Baltimore  5. SEX  6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Married  10. USUAL OCCUPATION (Girchiader) What is strictled with the control of the c			
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED   8. DATE OF BIRTH   9. AGE (in year last birthday)   Months Days   Married   White   Married   Mar			
10A. USUAL OCCUPATION (Givekinder prock doued uring most of working life, even if retired)  WHAT (  Baltimore, Maryland  14. MOTHER'S MAIDEN NAME  Godfrey W. Lang  15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yea, no or unknown)  (If yea, give war or dates of service)  16. SOCIAL SECURITY NO.  W. Johnson, Jr. 3/17 E. 22d. St.  CAUSE OF DEATH  (This does not mean the mole of dying, e.g., injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. ADATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. ADATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19C. AUTHER (  C)  21B. PLACE OF INJURY (e.g., in or INJURY OCCUR?  WHILE ATI NOT WHILE INJURY OCCUR?  WHILE ATI NOT WHILE INJURY OCCUR?			
INDUSTRY   WHAT C   Wind   What C   Wind   What C   Wind   Wind   What C   Wind   Wind   What C   Wind   W			
13. FATHER'S NAME  GOGTREY W. Lang  15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown)  16. SOCIAL SECURITY NO.  17. INFORMANT  W. Johnson, Jr. 317 E. 22d. 94  18. Lad Interest of service)  OBERASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DISEASE OR CONDITION SCONTRIBUTION TO THE DISEASE OR CONDITION SIGNING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT, SUICIDE, About home, farm, factory, street, office bidg., etc.  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED OF INJURY OCCUR?  WHILE AT NOT WHILE  11 NOT WHILE  21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE  21F. HOW DID INJURY OCCUR?	V OF COUNTRY		
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or waknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT ADDRESS  18.			
SECURITY NO.    SECURITY NO.   SECURITY NO.   W. Johnson, Jr. 317 F. 22d. St.			
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.    I			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) MYOCARDIAL INFARCTION.  (C) CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUT YES CONDITION CAUSING IT.  21A. ACCIDENT, SUICIDE, ADDITION CAUSING IT.  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE	L BETWEEN		
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21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?	NO X		
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE	eation)		
m.   work   AT WORK			
22. I hereby certify that I attended the deceased from 7/28/0, 1950, to 7/28/, 19 50 that I last deceased alive on 7/28/, 1950, and that death occurred at 3:45P.M. from the causes and on the date star	ted above		
23a. SIGNATURE Siving Similar 1400 N. Caroline Street 7/28	S/50		
24a. BURIAL, CREMA- TION, REMOVAL (Specify)  Burial 7/31/50  Lorraine Cemetery Woodlawn, Md.  DATE RECEIVED BY   REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR ADDRESS	(State)		
DATE RECEIVED BY REGISTRAR'S SIGNATURE  LOCAL REGISTRAR  1111 29 1950 Tuettugter Villiams, Max 125 FUNERAL DIRECTOR ADDRESS  LOCAL REGISTRAR 805 N. Calvert	St.		

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V	BIRTH NO.
	1. NAME OF DECE

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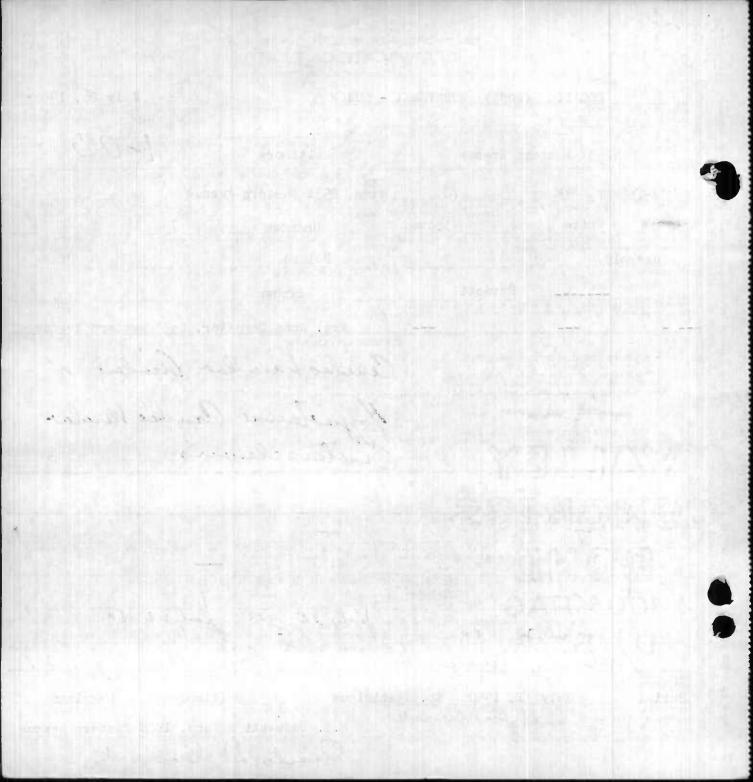
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6606 Registered No.

BIRTH NO	D	CERTIFICA	IE OF BEATH		THE RESIDENCE OF THE PARTY OF T	
	OF DECEASED			2. DATE		
(Type or P	ROZALIA (R	OSE) MUSZYNSKI - M		DEATH Ju	ly 26, 1950	
	OF DEATH: fore City, Maryland		4. USUAL RESIDENCE (	Where deceased lived, I	f institution: residence before admission)	
B. FULL N	AME OF (If not in hospi	tal or institution, give street address		3. 000.111	-7	
HOSPITAL		location	. C. CITT ON TOWN	If outside corporate lim	its, write RURAL and give	
00	2531 Eastern	Avenue	Baltimore		township)	
		Yr		f rural, give location)		
c. Length	h of stay in Baltimore	70 xxxx	0.773 7	enue _		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH 9. AGE (in years It Under I Year It Under 24 Hours last birthday) Months; Days Hours; Min.			
Female White Widowed		Unknown	79			
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work dooeduring most of worklog life, even if retired)			11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY	
Household			Poland		USA	
13. FATHE	ER'S NAME		14. MOTHER'S MAIDEN NAME			
		Boracki	Unknown	Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL			17. INFORMANT ADDRESS			
(I es, no or un	koown) (If yes, give war or date	es of service) SECURITY NO	Mrs. Anna Dempst			
18. 2	1431	CAUSI	OF DEATH	er (C))) mas	INTERVAL BETWEEN	
/	DISEASE OR CONDITION	-		1	ONSET AND DEATH	
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194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER			ERATION		20. AUTOPSY?	
0 -	ACCIDENT WILL INVEST	218. PLACE OF INJURY (e.	., io or   21C. WHERE DID	(If in Baltimore City,	YES NO	
LYING	ACCIDENT WAS UNDER- G OR CONTRIBUTING OF E OF DEATH			(11 in Battimore Orty,	give exact location)	
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			why 20, 1950, to		that I last saw the	
	sed glive on my	19 1 and that death Vc	23B. ADDRESS ()	the causes and on	the date stated above	
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24A. BUR	MAL, CREMA- 248. DATE			LOCATION (City, XX	K Kerijaki (State)	
Buria	1 July 31	, 1950 St. Stanis	lone Rol	timore	Maryland	
DATE REC			25. FUNERAL DIRECTOR		ADDRESS	
LOCAL RI	EGISTRAR CLIMATIC	S SIGNATURE , ALA	M.F. Sadowski &	Sons. 1808 W	astern Avenue	
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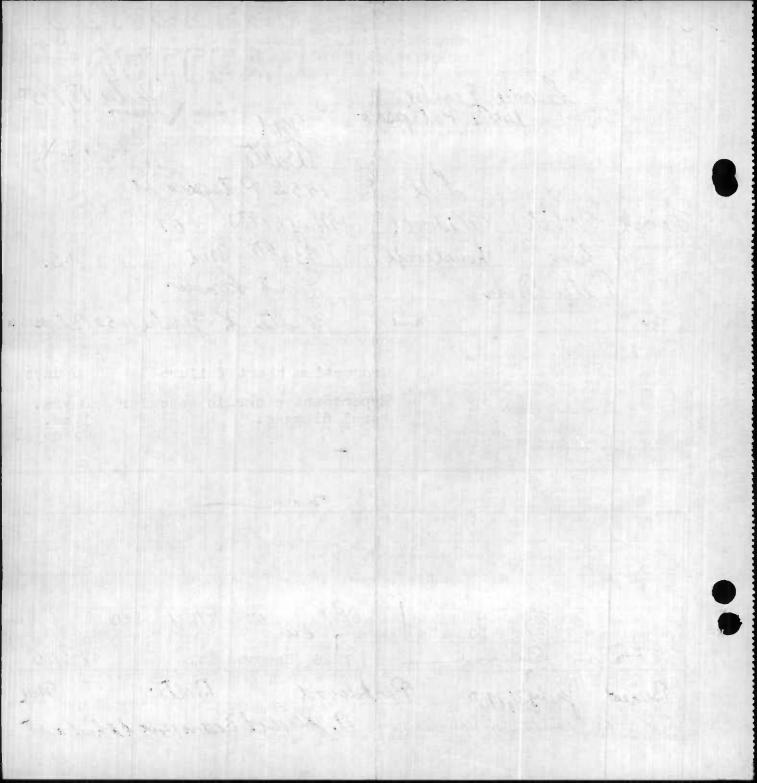


CERTIFICATE OF DEATH Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, lightitution: residence
A. STATE B. GOUNTY before admissi A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. Mos. wassco c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) on should clearly an 10A. USUAL OCCUPATION (Give kind of OF BUSINESS OR State or foreign country) 12. CITIZEN OF work done during most of workin life, even if retired) INDUSTRY WHAT COUNTRY information s s of death cle -nome 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknowo) SECURITY NO NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Congestive heart failure heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Hypertensive cardio vascular ANTECEDENT CAUSES renal disease. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: L RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Lt. TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION AL important. U 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERō LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 6/7/ , 19 47 to 7/28/ , 1950 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 7/28/ , 19 50, and that death occurred at 6 4 \_\_m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1226 Hanover St. 24A. BURIAL, CREMA-/ 24B. DATE 24c. NAME OF 24D. LOCATION (City, town, or county) DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 9 1950 VS 150

before admission)

5 days

days.



-660 CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF osephM. Freer DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or Iocation' (If outside corporate limits, write RURAL and give South Imore D. STREET ADDRESS (If rural, give location) Yrs. Mee. d. Length of stay in Baltimore Coa 0 oving ld be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) | Under I Year If Under 24 Hours | Mast birthday) | Months; Days | Hours; Min. on should clearly and WIDOWED, DIVORCED (Specify IOA. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR work done during most of working life, even if retired)

13. FATHER'S NAME information s of death cle 14. MOTHER'S MAIDEN NAME Freer 2mes of 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (if yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURIT 091-16-6581 CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES lease DISEASES OR CONDITIONS, IF ANY, GIVING d RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. Common Bite Due Ŀ alculus in П RTI OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. Common duct Stone CA 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) ō HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE WORK AT WORK June 28, 1950 to July 28, 1950 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 44 V 28 . 1950, and that death occurred at 3:35 Pm., from the causes and on the date stated above, PLEASE WRIT 23A. SIGNATURE 23B. ADDRESS M.D. Calem age 24A. BURIAL. CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24p. LOCATION (City, town, or county) TION. REMOVAL (Specify) correct

23c. DATE SIGNED

20. AUTOPSY

before admission)

II Uoder 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNT

INTERVAL BETWEEN

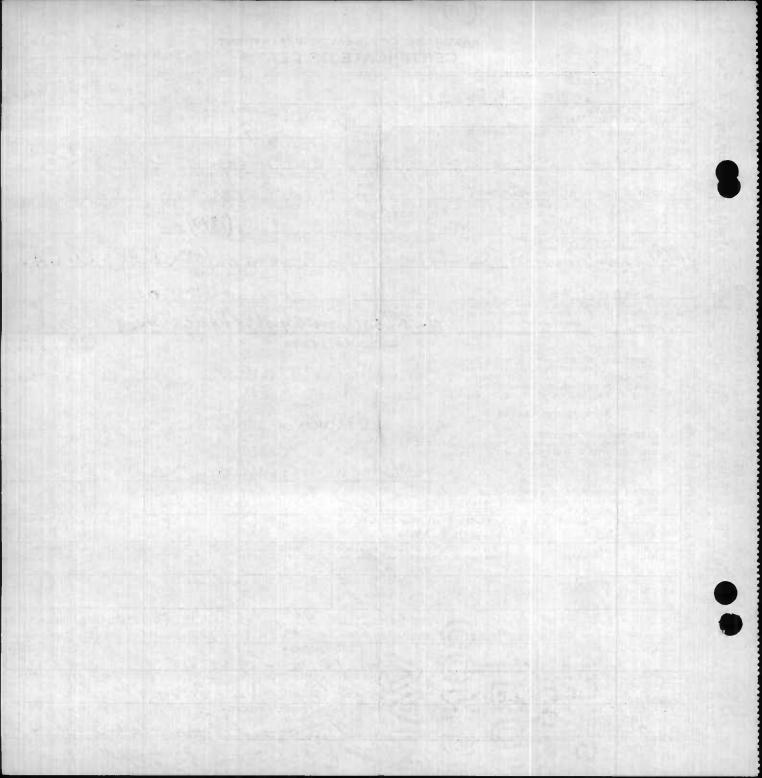
ONSET AND DEATH

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR fractive for / Mulanda, Mess

25. FUNERAL DIRECTOR

ADDRESS

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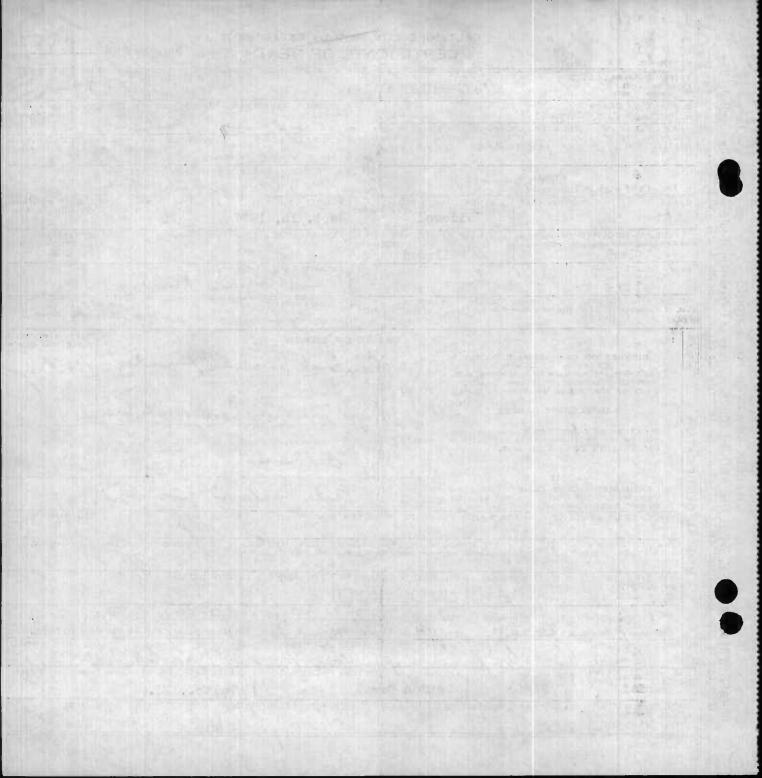


The A	DO BI	452 6609 RTH NO.	BALTIMORE CITY HE CERTIFICATE		Registered No.	0 6603
	1. (T	NAME OF DECEASED ype or Print)	JOHN PHILIP WILLIA	MS	2. DATE OF DEATH	29-50
ıpplie	Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W. A. STATE		titution : residence before admission)
ully supplied.	H	FULL NAME OF (If not in hospital or in possible or	location)	c, CITY OR TOWN (If o	outside corporate limits, w	vrite RURAL and give
legibly	1	Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If r	rural, give location)	
pg pg		SEX   6. COLOR OR RACE   7. S	Days   SINGLE, MARRIED, VIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 15, 1877	9. AGE (In years lift Block last birthday) Month	at 1 Year If Under 24 Hours Days Hours Min.
NDING information should s of death clearly an	worl	done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or for	reign country)   12	CITIZEN OF WHAT COUNTRY
NG rmatio death		FATHER'S NAME P. L.J.	luis	14. MOTHER'S MAIDEN NA	Dento	
R BINDING	(Ye	WAS DECEASED EVER IN U.S. ARMED FOR (If yes, give war or dates of ser	CES? 16. SOCIAL vice) SECURITY NO.	17. INFORMANT	2472 ADD	
RESERVED FO G INK. Every ite please write the	RTIFICATION	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyi heart failure, asthenia, etc. It means the injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	rectly  ng. e. g., e disease, i death.)  OUE TO  (B)  (B)	bul Vascela	Humby chovil fri	INTERVAL BETWEEN ONSET AND DEATH
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATEO	aturilini	zumelzil	7
	AL	19A. DATE OF OPERATION   19B. M	AJOR FINDINGS OF OPER	ATION		YES NO
LY, WITH important.	MEDIC		B. PLACE OF INJURY (e. g., in t home, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
E		210. TIME (Month) (Day) (Year) (Hou OF INJURY	m. WHILE AT NOT WHILE MORK AT WORK			
LITA II		22. I hereby certify that I attende deceased alive on 2-29.50, 19.  23A. SIGNATURE	, and that death occur	red at 3 22 Am., from th	2 - 2 9 , 19 0, t the causes and on the	hat I last saw the date stated above 23c. DATE SIGNED
PLEASE WRIT	24	A. BURIAL CROMA: 24B. DATE	24C. NAME OF CEMETER	Mon Themans 1	Horpilal DCATION (City, town, or	7-29-50
LEAS	D	Burial 7/31/50 ATE RECEIVED BY REGISTRAR'S SIG	Loudon Park	Bal 25 FUNERAL DIRECTOR	to., Md.	DDRESS AL

Thurston Williams Alex

ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES NO M altimore City, give exact location) UR? , 1950 that I last saw the ses and on the date stated above. 23c. DATE SIGNED ON (City, town, or county) ADDRESS

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VS 150

24D. LOCATION (City, town, or county) ADDRESS

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12. CITIZEN OF

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ONSET AND DEATH

20. AUTOPSY?

23c. DATE SIGNED

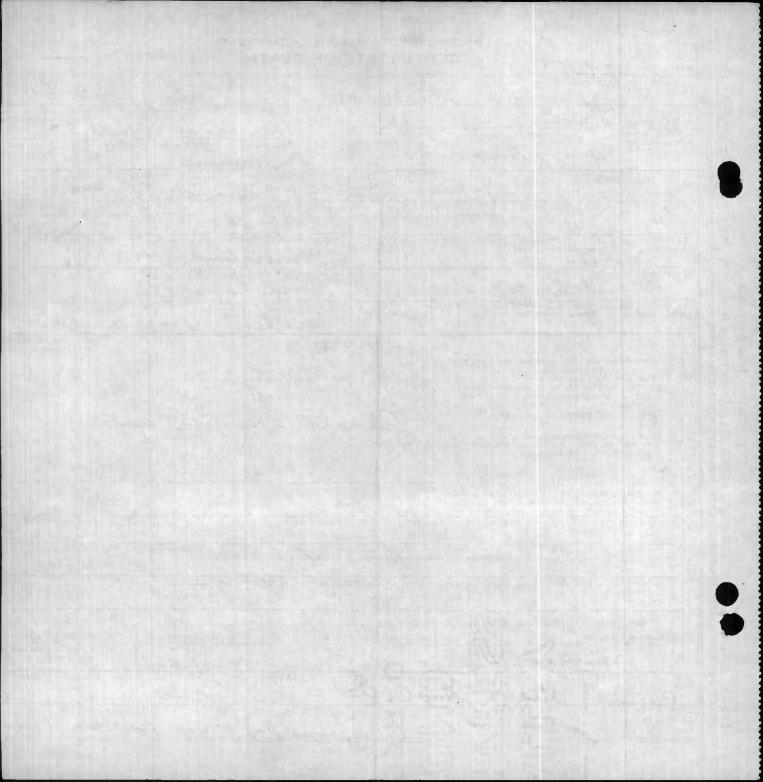
township)

If Under 24 Hours

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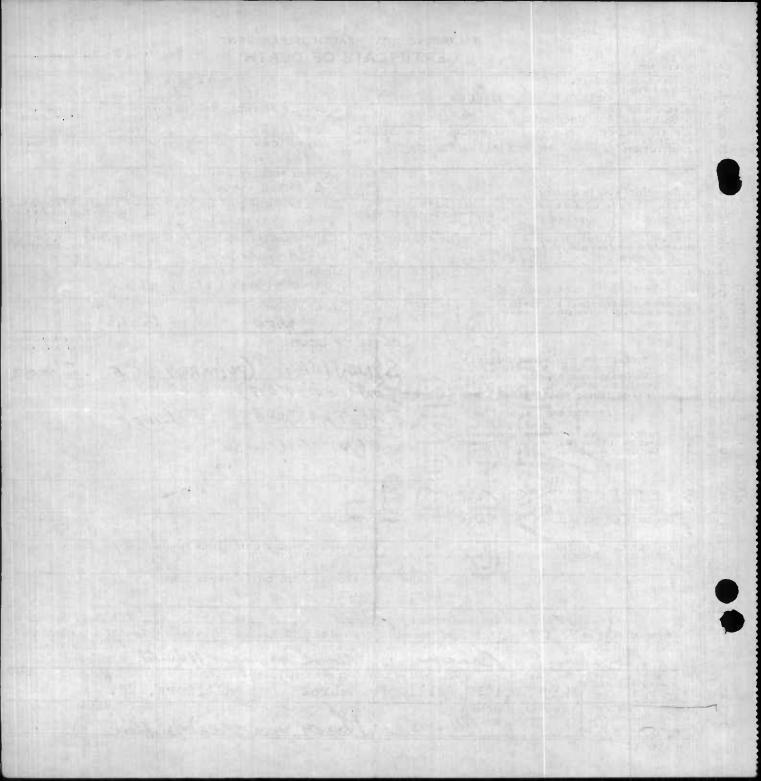


Burial DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

		2 BA	CERTIFICAT	*	
	RTH NO.				
(T;	NAME OF DECEASED  ype or Print)  GERALD	C. HELL	ER		2. DATE OF DEATH JULY
A.	PLACE OF DEATH: Baltimore City, Maryland			A. STATE	NCE (Where deceased lived, If ins
HC	FULL NAME OF (If not in DEPITAL OR STITUTION UNION ME		location		(If outside corporate limits,
_	Length of stay in Baltimo	nra (	Yrs. Mos.		SS (If rural, give location)
5.	SEX   6. COLOR OR R MALE   WHITE	ACE 7. SINGL	7 6 -Days  LE. MARRIED, WED, DIVORCED (Specify)  RRIED	8. DATE OF BIRTH	9. AGE (In years) If Un
work	A. USUAL OCCUPATION (Give done during most of working life, even if most of the control of the c	kind of 10B. KIN			tate or foreign country)   12
	FATHER'S NAME	THE TOTAL	00011	14. MOTHER'S MAI	
	SAMUEL HELLER	6			ISTLEBENG (L)
15 (Yes	. WAS DECEASED EVER IN U.S.	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD
	KNOWN		SECONITI NO.	WIFE	(SAME
1	(This does not mean the n heart failure, asthenia, etc. injury or complication wh	It means the diser hich caused dear	ase, th.) Due to	LEFT FOOT	
CATION	heart failure, asthenia, etc.	It means the diser hich caused dear CAUSES DNS, IF ANY, GIV E (A) STATING	th.) Due to ON	LEFT FOOT	S TO LIVER
ERTIFICATION	heart failure, asthenia, etc. injury or complication when the second sec	It means the diser- hich caused deal CAUSES  ONS, IF ANY, GIV E (A) STATING ON LAST.  CONDITIONS CO. BUT NOT RELA	ING  (C)  (C)	LEFT FOOT TASTASE A LUNG	S TO LIVER
CERTI	heart failure, asthenia, etc. injury or complication wind antecedent DISEASES OR CONDITION RISE TO THE ABOVE CAUSI UNDERLYING CONDITION OTHER SIGNIFICANT CONTRACTOR OF THE SIGNIFICANT CO	It means the disernation caused dealer causes  ONS, IF ANY, GIVE (A) STATING ON LAST.  CONDITIONS CO. BUT NOT RELADITION CAUSING	ING  (C)  (C)	LEFT FOOT TASTASE A LUNG	S TO LIVER
ERTI	heart failure, asthenia, etc. injury or complication when the second sec	It means the disernich caused dealer caused	ING THE OUE TO AN  (C)  (C)  (C)  (C)	LEFT FOOT TASE D LUNG RATION TOT   21c. WHERE DE	S To LIVER  SS.
CERTI	heart failure, asthenia, etc. injury or complication when the second sec	It means the diser- hich caused deal CAUSES  ONS, IF ANY, GIVE (A) STATING ON LAST.  CONDITIONS CO. BUT NOT RELADITION CAUSING 19B. MAJOR 21B. PL about home	ING THE OUE TO AN  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	RATION  TASTASE  A LUNG  RATION  DOT 21C. WHERE DI  INJURY OCCUP  ED 21F, HOW DID	S To LIVER  SS.
CERTI	heart failure, asthenia, etc. injury or complication with antecedent antecedent diseases or condition rise to the above caus. Underlying condition of the object of the ob	It means the diser- hich caused deal CAUSES  ONS, IF ANY, GIVE (A) STATING ON LAST.  CONDITIONS CO. BUT NOT RELADITION CAUSING 19B. MAJOI  21B. PL about home Year) (Hour)  m.  I attended the	ING  (B)  (B)  (B)  (C)  (C)  (C)  (C)  (C)	RATION  TASTASE  A LUNG  RATION  TO 21C. WHERE DI  INJURY OCCUP  21F. HOW DID  23, 1950	S To LIVER  SS.  (If in Baltimore City, give
CERTI	heart failure, asthenia, etc. injury or complication with antecedent antecedent diseases or condition rise to the above caus. Underlying condition of the object of the ob	It means the diser- hich caused deal CAUSES  ONS, IF ANY, GIVE (A) STATING ON LAST.  CONDITIONS CO. BUT NOT RELADITION CAUSING OF THE CONTROL	(B)  (B)  (B)  (B)  (C)  (C)  (C)  (C)	RATION  TASTASE  A LUNG  RATION  TO 21C. WHERE DI INJURY OCCUP  ED 21F. HOW DID  2 3 , 1950  Tred at 11:15 P m.,  13B. ADDRESS	S To LIVER  SS.  ID (If in Baltimore City,  R?  INJURY OCCUR?  to July 27, 195

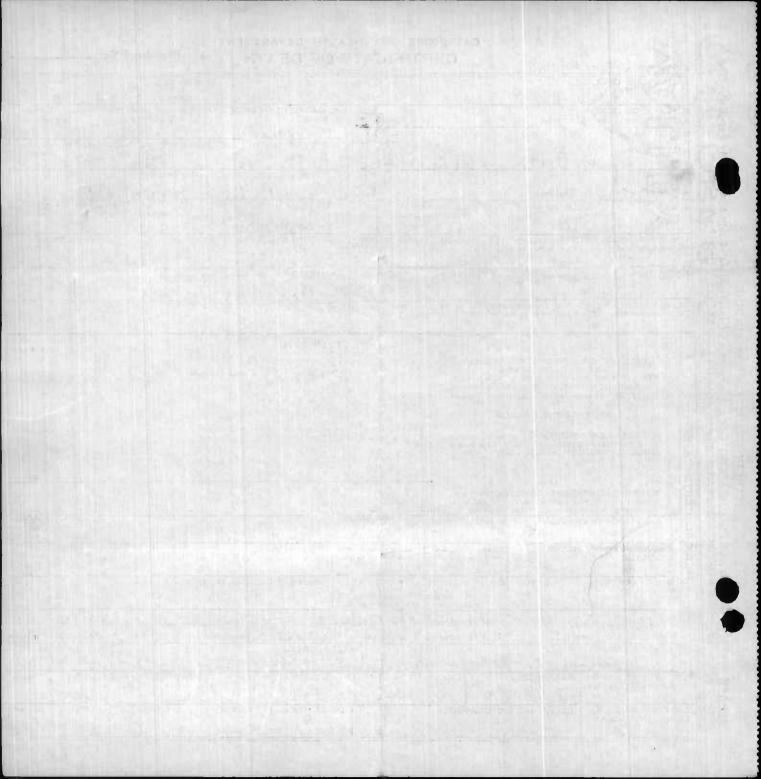
VLY 27,1950 ed. If institution : residence before admission) 10 limits, write RURAL and give li Under 1 Year Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS AME) INTERVAL BETWEEN ONSET AND DEATH 2 mo(+) FR 20. AUTOPSY? YES T ity, give exact location) 1950, that I last saw the on the date stated above. 23c. DATE SIGNED 7-28-50 town, or county) Baltimore, Md. ADDRESS



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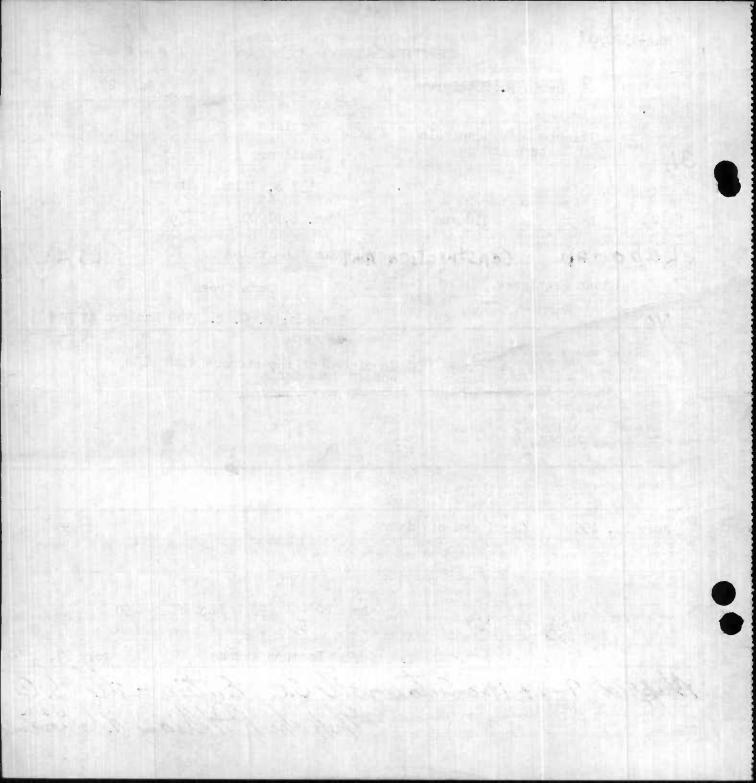
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	CERTIFICATI	E OF DEATH	Registered 1	The Control of the Co
BIRTH NO. 50-/5065			2. DATE	
(Type or Print) Baby Bay Mooss			OF	28-50
3. PLACE OF DEATH: / A. Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If	
B. FULL NAME OF (If not in hospital or instituti		Maryland		
HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN	(If outside corporate limit	ts, write RURAL and give township)
South Daltimore Go	ral Hosp.	Da Timora	(If rural give location)	-04
c. Length of stay in Baltimore	Mos. Days	514 Bol.	tic Avanu	O .
5. SEX   6. COLOR OR RACE   7. SINGLE	, MARRIED,	8. DATE OF BIRTH	9. AGE (ln years)	If Under 1 Year   If Under 24 Hours
$M \cup W \cup S_{12}$	ED, DIVORCED (Specify)	7/23/50	last birthday) Mi	onths Days Hours Min.
	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
John F Mooss		Doroth	V	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
	OLOGINIT NO.			
18. 760.0	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Con	1.00/0/0	worhage	
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease	(A)	will yes	wraze	
injury or complication which caused death	DUE TO			18 43 2 11
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVIN		••••••••••••••••••		
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	E BOE 10			
	_(C)			
OTHER SIGNIFICANT CONDITIONS CON				
TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I	r			
	FINDINGS OF OPER	ATION		20. AUTOPSY?
	CE OF INJURY (e.g., in		(If in Baltimore City,	
	orm, factory, street, office hldg., e	tc.) INJURY OCCUR?		
Z 21D. TIME (Month) (Day) (Year) (Hour) 2	1E. INJURY OCCURRI	ED 21F. HOW DID INJ	URY OCCUR?	
m.	WORK NOT WHILE			
22. I hereby certify that I attended the	deceased from Jul	y 23 , 1950, to	July 28 , 195	, that I last saw the
deceased alive on July 28, , 1950,	and that death occur	red at 7:55 P. m., from	n the causes' and on t	he date stated above.
23A, SIGNATURE		So. BALTIME	RE G. HOST	July 29, 1950
The second secon	4c. NAME OF CEMETE		D. LOCATION (City, town	
TION REMOVAL (Specify)	Oedar 7	fill	Balto.	md.
DATE RECEIVED BY   REGISTRAR'S SIGNATU		25. FUNERAL DIRECTO	R	ADDRESS
LOCAL REGISTRAR	Miaula Mare	Chas. F. Du	el 15016	Fort aux.
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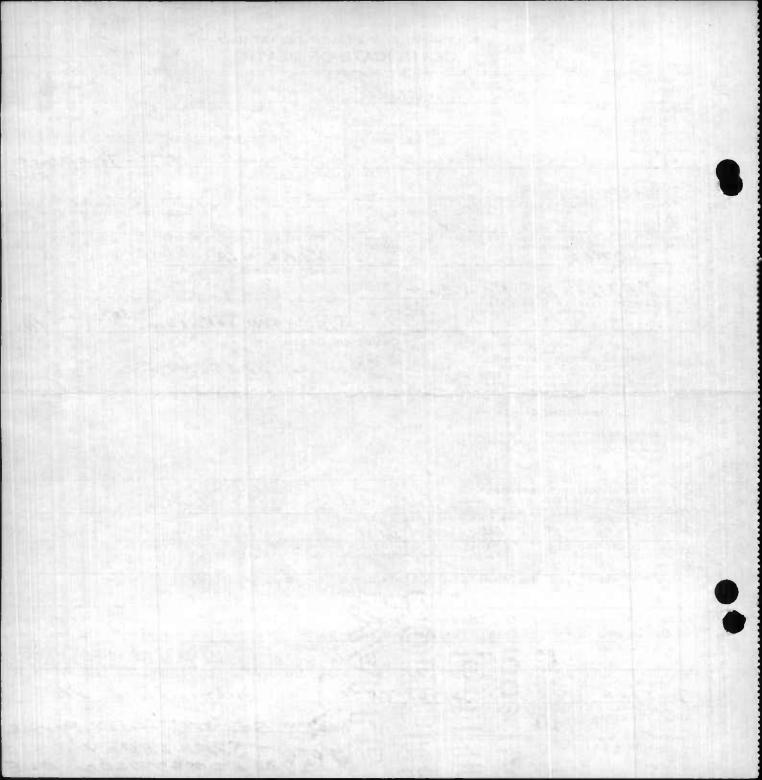
P-326 CC14 PAYTHORE STY	
REA-1390760 6614 BALTIMORE CITY HE CERTIFICATI	
1. NAME OF DECEASED (Type or Print)  David N. Pettigrew	2. DATE July 27, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City HOSPITALS location) INSTITUTION 4940 Eastern Avenue	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
c. Length of stay in Baltimore 8 yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 437 N. Gilmore Street
Male Negro 7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify)	Dec. 8, 1900  9. AGE (In years   1 Under   Year   16 Under 24 Hours   Min.
10A. USUAL OCCUPATION (Givehiod of work does during most of working life, even if retired)  ADOWBIA  CONSTRUCTION  WH	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. S A
13. FATHER'S NAME Claus Pettigrew	14. MOTHER'S MAIDEN NAME Emma Green
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Records: B. C. H. 119110 Eastern Avenue
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	oma of the stomach with wide
OTHER SIGNIFICANT CONDITIONS CON- HIGH TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPER	ATION   20, AUTOPSY?
July 21, 1950 Carcinoma of Liver  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e	or   21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  m. WHILE AT NOT WHILE AT WORK	
deceased alive on July 27 19 and that death occur	
45. Cobgen M.D. 49	38. ADDRESS 940 Eastern Avenue July 27, 1950
13 JURIAL CREMA- 24B. DATE 24C. NAME OF CEMETER 1991 1992 EULOWY	ly S.C. Entawville S. C.
DATERICEIVED BY LOCAL REGISTRAR'S SIGNATURE	In die Miliam 1. Schrondus
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	PLEASE WRITE TL. LY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.	
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	1	50 661	5 BAL	TIMORE CITY HE	EALTH DEPARTME	NT X	7 (001.)
	DT11 NO	Oth Oor		CERTIFICAT	E OF DEATH	Registered 1	VooV
11==	NAME OF D	ECEASED O	7		/	La DATE	
(T	ype or Print)	Opera	rand	Pawell		2. DATE OF DEATH	-29-50
	Baltimore (	City, Maryland			A. STATE	E (Where deceased lived, If	institution; residence before admission)
	FULL NAME	OF (If not in hospi	tal or instituti	on, give street address or	C. CLTY OR JOWN	(If outside corporate limit	P 2
IN	ISTITUTION	Anallent	- 7-La	mila	Rattered	10 Basile to the little	township)
13	· č	o november	9/10	Yrs.	D. STREET ADDRESS	(If rural, give location)	LEMPERANCE
c.	Length of s	tay in Baltimore	V	Mos. Days			01115
5.	SEX	6. COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) !	Under I Year   H Under 24 Hours onths: Days   Hours: Min.
	m.	w		M.		last tilday) inte	mons Days Hours Mim.
Worl	A. USUAL OC	CUPATION (Give kind no of working life, even if retired	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	_	12. CITIZEN OF WHAT COUNTRY?
	LA	BOR			VIRCINI	A	USA
13	FATHER'S				14. MOTHER'S MAIDE	N NAME	
		RMARD		ELL			
(Ye	. WAS DECEASE , no or nuknuwn)	ED EVER IN U. S. ARME (If yes, give war nr date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	NO	NO			J. RICHARD ~	OKNSON	KKSLEY VA.
	18.42	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		PMA	1/1/2	e marliage	
	(This does	LEADING TO DEA not mean the mode re, asthenia, etc. It me	of dying, e. g	, (A) 0°C	onary wo	WWW WARES	1hr
		complication which					
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TION	DISEASE	S OR CONDITIONS,	IE ANY GUAR				
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ER		GIGNIFICANT COND TO THE DEATH, BUT			Il lumber	· disc.	
U	TO THE D	ISEASE OR CONDITION	N CAUSING I	T. POOVOGE	ATION /	· acc	20. AUTOPSY?
AL	7-	28-501	Leyn	riotel dine	1 = -51	4	YES NO
U		ENT, SUICIDE,		CE OF INJURY (e. g., i		(If in Baltimore City,	
EDI	HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ		(Month) (Day) (Year	(Hour)	LE. INJURY OCCURR	ED 21F. HOW DID INJ	JURY OCCUR?	
	OF INJURY		m. V	HILE AT NOT WHILE			
	22. I horoh	n certifu that I at		The second secon	- 26 1000 10	7-29,195	that I last ones the
		ttac on 7-29	19 77)	and that death occur	red at 5:40 Am. fro	m the causes and on ti	he date stated above
	23A. SIGNA		~/		38 ADDRESS	1/4 . 7	23c. DATE SIGNED
		omeron h	repol	A H. M. D. /	mersely.	/ dazques	7-29-50
2. TI:	A. BURIAL, (S	Pecify)	1 . /	AC. NAME OF CEMETE		D. LOGATION (City, town,	
	BURIA	L 1/3//		Green BAC		CETABACKVILLE	
	ATE RECEIVE	DAD .	S SIGNATU	RE	25. FUNERAL DIRECT	OR	ADDRESS
	669	an houting	on Mulli	EMIL, M. M.	ADDERT SHO	STEVES TAR	KELLY GO.
J	ULves 10013	00	ALL HAD	A TOP CO	TWHN T.S	TANSBUT	RY 1220
11			Harrie Control	91099	2700 0	SOM . MOS	on mes

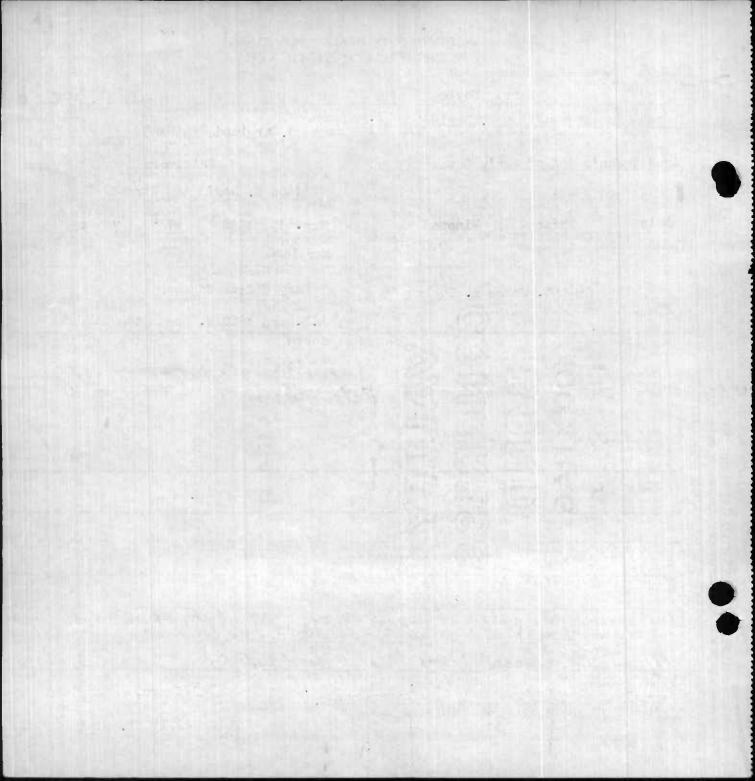


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			DU	(30)

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	6616
SIL	OOJU

BI	RTH NO.	CERTIFICATI	E OF DEATH	Registered No.		
1. (T:	NAME OF DECEASED ype or Print)	rry Doyle	2. O.	ATE OF July 29. 1950		
A. B.	PLACE OF DEATH: Baltimore City, Maryland 44 FULL NAME OF (If not in hospi OSPITAL OR STITUTION	00 W. Lexington 8t. tal or institution, give street address or location)	4. USUAL RESIDENCE (Where de A. STATE	eeased lived. If institution: residence before admission) corporate limits, write RURAL and give		
	Aged Women's & Aged	Yrs.	D. STREET ADDRESS (If rural, g	imore 19-0 township) ive location)		
	Length of stay in Baltimore	Mos. Days	1400 W. Lexingt			
	Male White	WIDOWED, DIVORCED (Specify)	Dec. 13 1852	SE (In years of Under 1 Year of Under 24 Hours of Min. 7 16		
10 work	A. USUAL OCCUPATION (Give kind or done during most of working life, even if retired	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign c	ountry) 12. CITIZEN OF WHAT COUNTRY?		
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	Lieut. J.	ames A. Doyle	Mary Olivia John	son		
15 (Yes	. WAS DECEASED EVER IN U.S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	L.H.Read 1400 W. L	exington Street		
CERTIFICATION	LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me- injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L  OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	SES  (B)	enility ush pri teristeris	yana 3ges		
L	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU	198. MAJOR FINOINGS OF OPER	ATION	20. AUTOPSY?		
EDICAL	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21s. PLACE OF INJURY (c. g., i about home, farm, factory, street, office bldg.,		YES NO Laltimore City, give exact location)		
Σ						
	22. I hereby certify that I at deceased alive on 1 23 SIGNATURE	tended the deceased from John 1950, and that death occur	rred at 5.5 m., from the chi	that I last saw the ses and on the date stated above 23c. OATE SIGNED		
24 TIC	AA. BURIAL, CREMA- DN. REMOVAL (Specify)	249 NAME OF CEMETE		ON (City, town to county) (State)		
	burial 7/31/5	O Green Mo	0420	imore, Maryland		
	ATE RECEIVED BY REGISTRAN	te signature unua, Mus	25. FUNERAL DIRECTOR	1217 St. Paul Street		
	1.0.3350	47.				

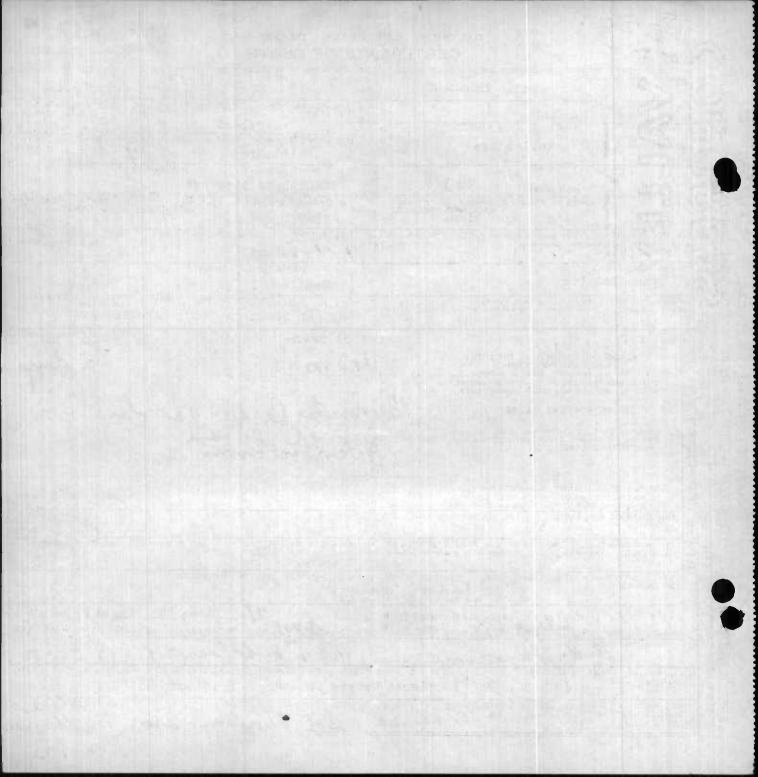


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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	Jennie Schu	ımann		2. DATE OF DEATH	uly 29,1950
S. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (V	here deceased lived. I: B. COUNTY	f institution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 2401 LakeView Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give		its, write RURAL and give township)	
0.0		Yrs.	Baltimore D. STREET ADDRESS (If	rural give location	3-01
c. Length of stay in Baltimore 38 Yrs Mos. Days			2401 Lake View Ave		
Female White Widow 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH		If Under I Year on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dope during more of sprking life, eveo if retired)  HOUSE WITE			11. BIRTHPLACE (State or for Poland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	
Hyman Imowicz			Nettie ?		
15. WAS DECEASED EVER IN (Yee, no or onknown) (If yee, giv	U. S. ARMED FORCES? re war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Nathan Schumann	2401 LakeVi	ew Ave
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from, 19 47 to, 19 50, that I last saw the deceased alive on, 19 50, and that death occurred at \$ . \( \text{P} \) \( \text{P} \) m., from the causes and on the date stated above.					
23A. SIGNATURE	fuson	M. D.	1109 4. Cal		7-30-50
TION DEMOVAL (Specify)		24c. NAME OF CEMETE Baltimore Hebi		OCATION (City, town	
DATE RECEIVED BY LOCAL REGISTRAR	GISTRAR'S SIGNATU	Miane, Mix	Sol Lumo	n+Brs	Worth any
VS 150	dr. 3 4 3	a sist of the			1310

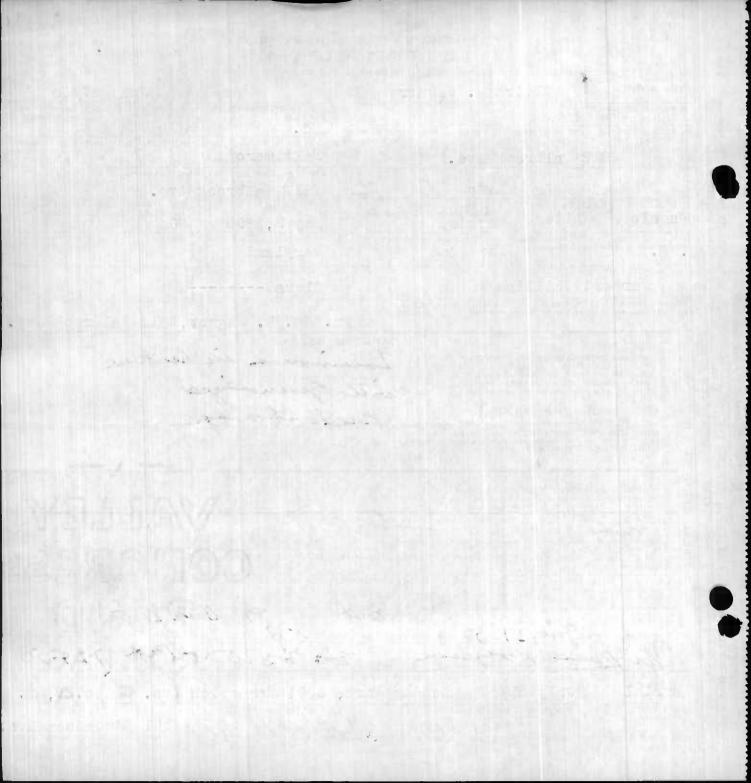


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BIRTH NO.

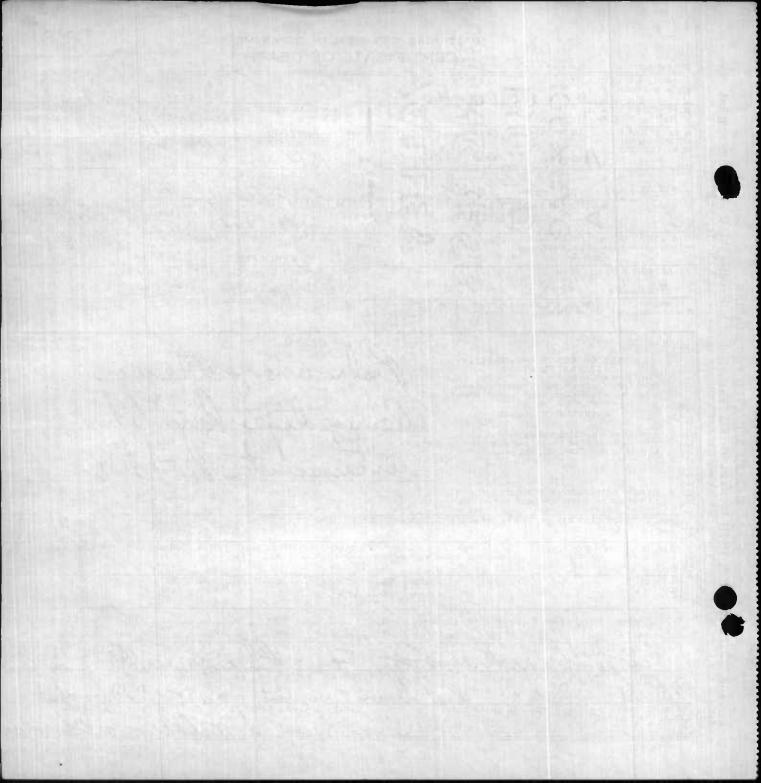
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6,217	9300

	BIRTH NO. CERTIFICATE	E OF DEATH Registered No	
	1. NAME OF DECEASED (Type or Print) Elvira M. Wagner	of July 27/50	
	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)	
	HOSPITAL OR INSTITUTION 2812 Walbrook Ave.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
	Yrs.	D. STREET ADDRESS (If rural, give location)	
9	c. Length of stay in Baltimore Life Mos. Days	2812 Walbrook Ave.	
	Female White T. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  May 9,1890  9. AGE (in years if Under I Year last birthday) Months: Days Hours Min.	
	10A. USUAL OCCUPATION (Give kind of rock dene during most of working life, even if retired)  OWN Home INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY	
	Herbert Phillips	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT  Ir. Wm. D. Wagner, 2812 Walbrook Ave.	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	efortores-	
	TO THE DISEASE OR CONDITION CAUSING IT.		
	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?	
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?			
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?	
	deceased alive on July 3719,50 and that death occur	red at 1 2m., from the causes and on the date stated above	
	E39. GIGNATURE MENERS M. D. 2	38. ADDRESS WOODAH 7-25-30	
	Burial Specify July 31/50 Loudon Park	3801 Frederick Ave. Balto.29, Md.	
	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	



I. The	
lly supplied.	
(I)	oly.
ery item of information should be	cians: please write the causes of death clearly and legibly
Every it	write the
ILY, WITH UNFADING INK.	Physicians: please
ILY, WITH	important.
PLEASE WRITE I LY, WITH UNFADING INK. Every item of info	correct age is especially important.

	6-600		FO CN'S	
	50 6619 BALTIMORE CITY HE CERTIFICATI		Registered No.	
	IRTH NO. GE/L/	E OF DEATH		
	NAME OF DECEASED (ype or Print)	2	OF 7- 20	
3	PLACE OF DEATH:	4. USUAL RESIDENCE (Wher	e deceased lived, If institution; residence	
A	Baltimore City, Maryland	A. STATE	B. COUNTY before admission)	
H	OSPITAL OR location)	c. CITY OR TOWN (If outs	side corporate limits, write RURAL and give	
111	Fron Klin Square Hosp, tal	Baltimore	S - ( township)	
4	Yrs.	D. STREET ADDRESS (If rura	ll, give location)	
	Length of stay in Baltimore 50 Mos. Days	22.5. Athol		
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min.	
10	PA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	12 - 23 - 1865 11. BIRTHPLACE (State or foreign	84 76	
WOF	k done during most of working life, even if retired)  108. KIND OF BUSINESS OF INDUSTRY	A	(n country) 12. CITIZEN OF WHAT COUNTRY	
1:	3. FATHER'S NAME	Germany 14. MOTHER'S MAIDEN NAME		
	Nicholas Harn	Martha Stein		
1!	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	ADDRESS	
(10	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.			
	18. 4 20.0 . CAUSE	OF DEATH	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH	
	(This does not mean the mode of dying, e.g., (A)	monary o	Lerue	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	1 0 1	111	
	ANTECEDENT CAUSES	-11-11	#/://	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	gedine the	gri jailue	
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	0 / 1	141	
TIFI	(c)		and one of the	
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
U	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER	ATION	20, AUTOPSY?	
AL			YES NO	
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., e		Baltimore City, give exact location)	
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OF	CCUR?	
	OF INJURY  white at not white at work at work			
	22. I hereby certify that I attended the deceased from	, 19, to	, 19, that I last saw the	
	deceased alive on, 19, and that death occur		causes and on the date stated above.	
	23A SIGNATURE 2	30 ADDRESS	23c. DATE SIGNED	
2	4A. BOBAL CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCA	TION (City, to kn, or county) (State)	
	ON DEMOVAL (Specify)	a CL	- 10 so . 10 dd	
	ATE RECEIVED BY REGISTAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS ADDRESS	
4	OCAL REGISTRAR	Aqua 1 m	the ward of	
4	Vo 150	hand Is the	you y / Ul common	
	VS 150		937	
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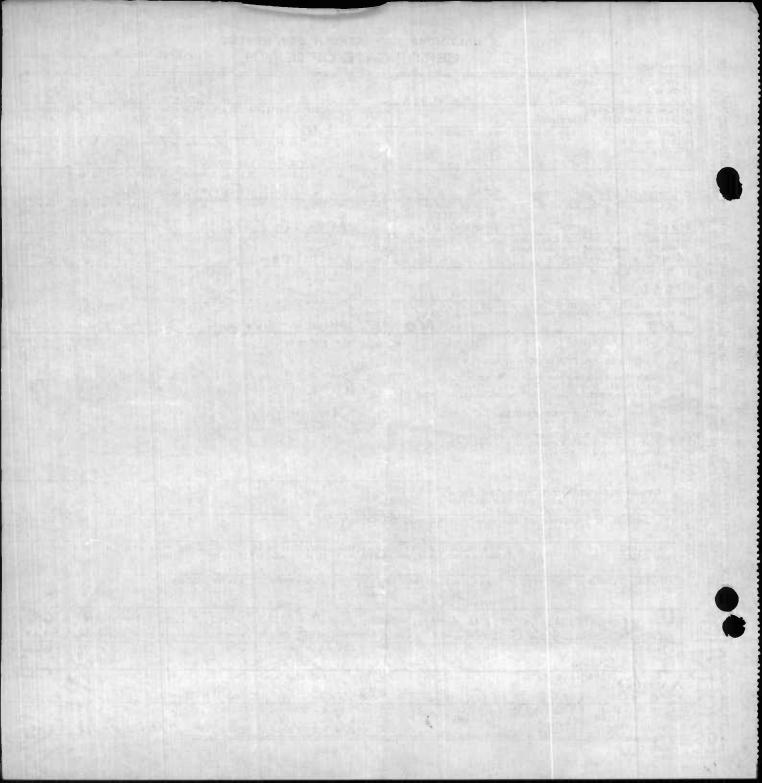
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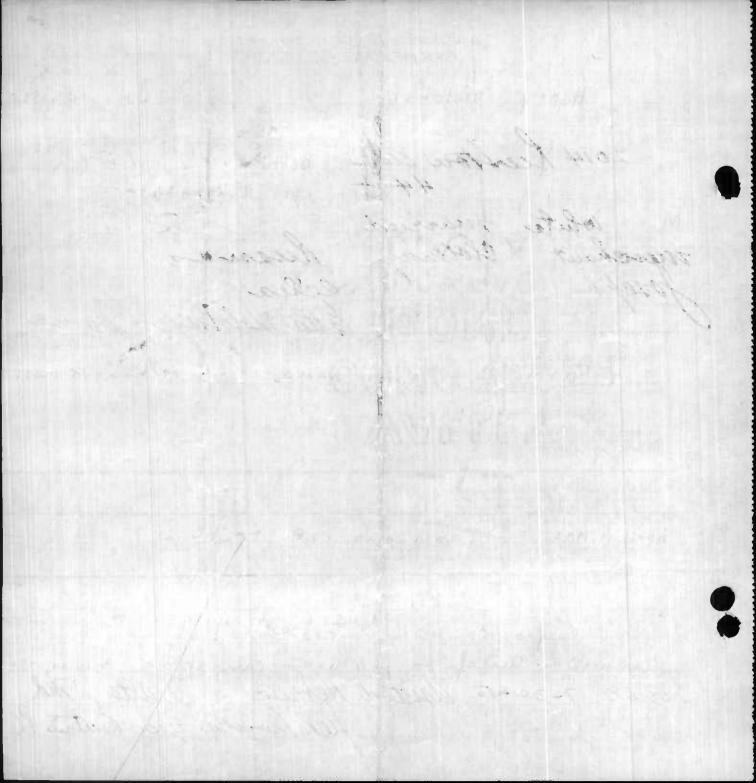
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	£ 6630
Registered No.	

	BIRTH NO.					
	1. NAME OF DECEASED (Type or Print)  ESTLEY  CLEVENOR  2. DATE OF DEATH 7/28/1950					
	3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE, before admission)			
	B.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
	IN	Since Hosp	Baltimore 15-3 g township)			
240		Tonoth of store in Boltiman H. Mos.	D. STREET ADDRESS (If rural, give location)			
		Length of stay in Baltimore Days  SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year II Under 24 Hours			
		EHULE WHITE HURRISD	FEB. 15-1876 last birthday) Months Days Hours Min.			
W.	ork	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY				
-	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
100		13940	Chia			
6	15 Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES?  In no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
-	1	NO NONE	SIGNEY CHERNAIN - 3704 FAIRVIEW AUG.			
3		DISEASE OR CONDITION DIRECTLY	OF DEATH ONSET AND DEATH			
	(This does not mean the mode of dying, e.g., (A) Myo candial in fare took					
MALL	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
N N	ANTECEDENT CAUSES  (B)  AS(VI)					
TION OF THE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
CITA	2					
F	UNDERLYING CONDITION LAST.  UL  II  OTHER SIGNIFICANT CONDITIONS CON-					
1	5	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?			
	֡֝֝֝֝֝֝֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	19a. Date of operation   19b. Major findings of oper	YES NO			
POLCA		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bldg., c	n or 21C. WHERE DID (If in Baltimore City, give exact location)			
NA NA	A	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?			
- India	m.   WORK   AT WORK					
des	deceased alive on 7/28, 1950, and that death occurred at 5:00 m., from the causes and on the date stated above.					
2		23A. SOCHATURE . Colley M.D. 2	SB. ADDRESS 23C DATE SIGNED			
202	TIC	AA. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE				
3   _	1	BUAIRY VOLY 30 1950 BETH TF.	1104 59470. My			
	LOCAL REGISTRAR					
=	Veck LEWIS INC. = 2100 EUTAW PLACE					

4 5 0 6 6 6 1





	H200			50	6622
ВІ	50 6622 RTH NO.	CERTIFICATI		Registered No.	
(T	NAME OF DECEASED Ninon	a n. Haa		OF DEATH July	28, 1950
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in	stitution, give street address or	4. USUAL RESIDENCE (	Where deceased lived, If justing B. COUNTY	itution: residence before admission)
H	DISPITAL OR ISTITUTION 3/19 Chest	ley ave location)	C. CITY OR TOWN (I	f outside corporate limits, w	rite RURAL and give township)
_	Length of stay in Baltimore	Yrs. Mos. Days	3/19 C	resley ave	
5.	7 m WI	NGLE, MARRIED, DOWED, DIVORCED (Specify) Married	Mar. 15, 1818	9. AGE (IT years last birthday) Months	Days Hours Min.
1 C	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12.	CITIZEN OF
13	FATHER'S NAME & Ha	milton.	14. MOTHER'S MAIDEN N	Codum Ada	,
15 Ye	WAS DECEASED EVER IN U. S. ARMED FORC a, no (unknown) (If yes, give war or dates of servi	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT DOS	ch 3/15 Ch	esto doe
	18. 420, / 1		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT LEADING TO DEATH  (This does not mean the mode of dying heart failure, asthemia, etc. It means the injury or complication which caused	r, e. g., (A) (B)	asy Thrombois		30 menute
7	ANTECEDENT CAUSES	arter	weleste hypert	ensire cardiac dire	15 44
CATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	GIVING GIVING GOVERNO	<b>-</b>		
EKILLI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TD THE DISEASE OR CONDITION CAUS	ELATED			
AL		JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
LDIC		. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e		(If in Baltimore City, give	
2	21D. TIME (Month) (Day) (Year) (Hour, OF INJURY	21E. INJURY OCCURRI		Y OCCUR?	
	deceased alive on 28, 195	the deceased from Account	red at 4.30 m., from	the causes and on the a	

the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA-TION REMOVAL (Specify) 248.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

Si ales

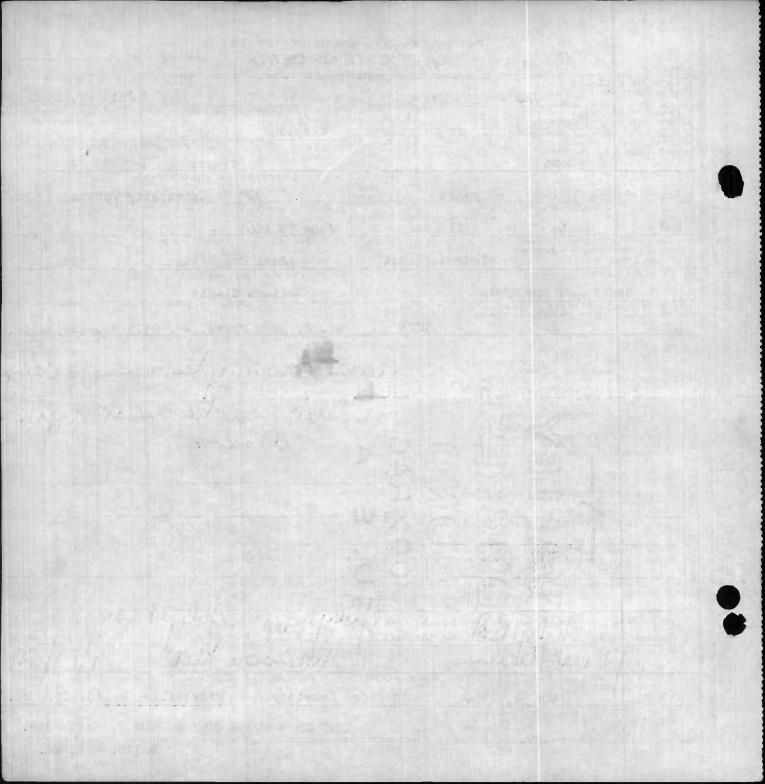
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M	,	6	2	1
BIRTH	NO.		5(	)

### BALTIMORE CITY HEALTH DEPARTMENT

5.1	6623
Registered	No

BIRTH NO.	20 0000		CENTII ICATI	E OI DEATH		
1. NAME OF (Type or Print)					2. DATE OF	* * 07 1050
	JAC	OB ROS	S MYERS	U a distilla Sector	DEATH	July 27, 1950
3. PLACE OF A. Baltimore	City, Maryland			A. STATE	B. COUNT	ed, If institution; residence Y before admission)
B. FULL NAM.	E OF (If not in hospit	al or institut	ion, give street address or location)	Maryland		f e
INSTITUTION			location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
0 0	home				ltimore	1-14
			Yrs. Mos.	D. STREET ADDRES	SS (If rural, give locatio	n)
c. Length of	stay in Baltimore		ars Days			ty Parkway
		WIDOV	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		rs if Under 1 Year If Under 24 Hours Min.
Male	White		Widowed	June 30 186		
work done during mo	CCUPATION (Give kind of st of working life, even if retired)	108. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Su	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retir	ed	Flou	r Merchant		Co., Penna.	USA
13. FATHER'S	NAME			14. MOTHER'S MAIL	DEN NAME	
	enry Jamison L			Balinda	Slagle	
15. WAS DECEA	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	NO		NONE	Mr. J. Ross	Myers, Jr. 631	l Mossway Balto.
18. W 3			CAUSE	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION	DIRECTLY	$\wedge$	_	++	ONSET AND DEATH
	LEADING TO DEA	TH	E (A) UW	www. sh	ary how	boses 3 May
heart fa	ilure, asthenia, etc. It mea	ns the diseas	se,	,		
injury			u.) DOE 10	T. 1910	- H. V.	. + -
7	ANTECEDENT CAUS	SES	W	roll 200	and the same	an zar
O DISEAS	SES OR CONDITIONS, 1			<i>(</i> )	oh. 00	
WISE TO	THE ABOVE CAUSE (A)		HE DUE TO	* Cu		
DISEAS RISE TO UNDER UNDER						
Ė	11		(C)			
OTHER SIGNIFICANT CONDITIONS CON-						
U TO THE	DISEASE OR CONDITION		IT. FINDINGS OF OPER	ATION		20. AUTOPSY?
J ISA. DATE	OF OPERATION 1	98, MAJOR	FINDINGS OF OPEN	ATION		YES NO
21A. ACCII HOMICIDE	DENT, SUICIDE,	218. PL	ACE OF INJURY (e.g., i	n or   21c. WHERE DII	D (If in Baltimore C	ity, give exact location)
O HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR	?	
Σ	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F HOW DID	INJURY OCCUR?	
OF INJUR		(12001)	WHILE AT NOT WHILE		1	
m. WORK AT WARK						
22. I here	eby certify that att		deceased from	11 hours	to pury !!	192, that I last saw the
deceased		1, 49 30	and that death occur		from the causes and	on the date stated above.
23A. SIGN	AND WELL	au	_	36. ADDRESS	ru Kiel	23d PATE SINED
244 BURIAL	CROMA- 248 DATE		M. D.   24c. NAME of CEMETE	RY OR CREMATORY	24D. LOCATION (City,	town, or county) State)
24A. BURIAL TION, REMOVAL		1054				
Buria DATE RECEIV				25. FUNERAL DIRE		Balto. Co., Md.
LOCAL REGIE	CEDAD CACAMA	4 1	IA 2 1 1			8 W. North Ave.
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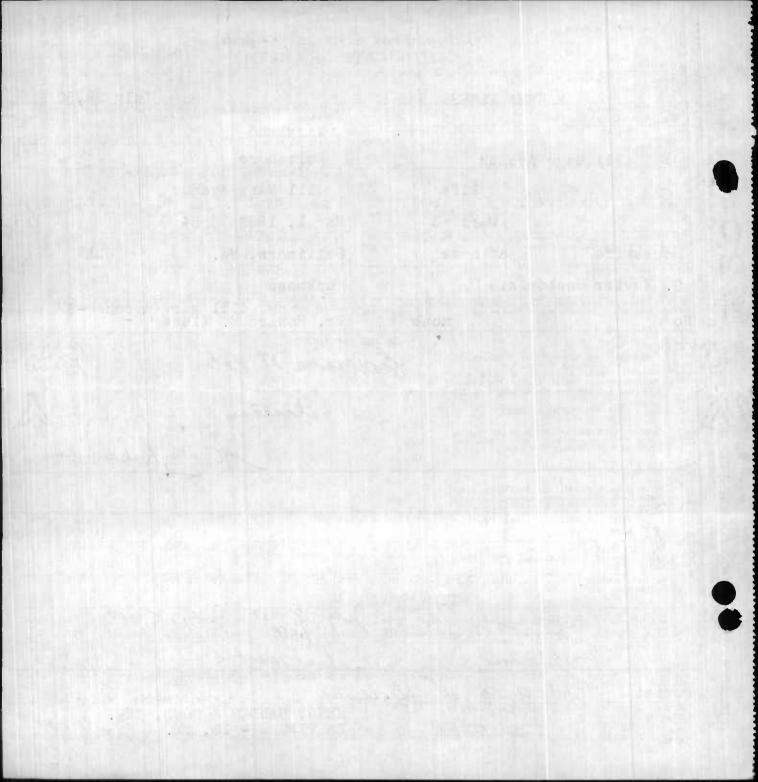
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LY, WITH UNFADING INK. Every item of information should be mill mportant. Physicians: please write the causes of death clearly and legiony.
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	K-4	20			BLAN IN	5	6634
EO COON BALTIMORE CITY HEA							
ВІ	IRTH NO.	O OOFT		CERTIFICATI	E OF DEATH	Registered	No.
	NAME OF D	ECEASED				2. DATE	
(T	'ype or Print)	MARTH	KLEE	3		DEATH Jul	v 28.50
	PLACE OF D	EATH:			4. USUAL RESIDENCE	E (Where deceased lived, I B, COUNTY	f institution : residence before admission
		Of (If not in hospite	al or institut	on, give street address or		B. COUNTY	before aumission
	OSPITAL OR			location)	C. CITY OR TOWN	(If outside corporate lim	
1	-	11 Mary Ave	enue		Baltimore	7.7	township
				Yrs.	D. STREET ADDRESS		
		tay in Baltimore	Li		4111 Mary	Avenue	
5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, FD. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	if Under I Year If Under 24 Hours onths Days Hours Min
F		W		ied	May 1, 1896	54	
10 worl	A. USUAL OC	CUPATION (Give kind of porking life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State		USA TOUNTRY
	HORBENT	16	at ho	me	Baltimore, 1	Md.	USA
	FATHER'S				14. MOTHER'S MAIDE	N NAME	
	G. Xavı	er Gostomsl	(1		unknown		
15 (Ye	. WAS DECEASI	ED EVER IN U. S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT 4	Ill Mary Ave	PPESS 6
N				none	Mr. Howard	B. Klees	
	18. 15	3 X .		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEAS	E OR CONDITION		Local	Jenma H @	V.	10
	(This does	LEADING TO DEAT	f dying, e. g	(A) ((A)	eximula of e		/0 ms
	injury or	re, asthenia, etc. It mea eomplication which e	aused death	DUE TO			
	0.42 3	ANTECEDENT CAUS	ES		netestas		
Z	D. C.			(B)		GERTIFICATION	APPROVED BY
TIC	RISE TO T	S OR CONDITIONS, IF	STATING TH	E DUE TO		1- 1/1	7
CA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
Ĭ						APS1. Inc.	risely services.
RT		II SIGNIFICANT CONDI					72 - 7 I - 7 II
CE		TO THE DEATH, BUT					
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
A	18 /20	s only					YES NO L
EDICA		ENT WAS UNDER. R CONTRIBUTING	21B. PLA	CE OF INJURY (e. g., in arm, factory, street, office hldg., e	n or 21c. WHERE DID	(If in Baltimore City,	give exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?	
	OF INJURY		m.	WORK NOT WHILE			
	22 I handh	y certify that I att			uly 28, 1957, to	July 2.8 10.5	that I last saw th
	deceased at			account from	1 1 1		
deceased alive on 1956, and that death occurred at 4051 m., from the causes and on to							

PLEASE WRITH Correct age is especial. 24A. BURIAL, CREMA-TION, REMOVAL (Specify burial DATE RECEIVED BY LOCAL REGISTRAR

VS 150

24C 31-50 encelales HENRY SANDER & SONS, INC. ADDRESS REGISTRAR'S SIGNATURE MD.

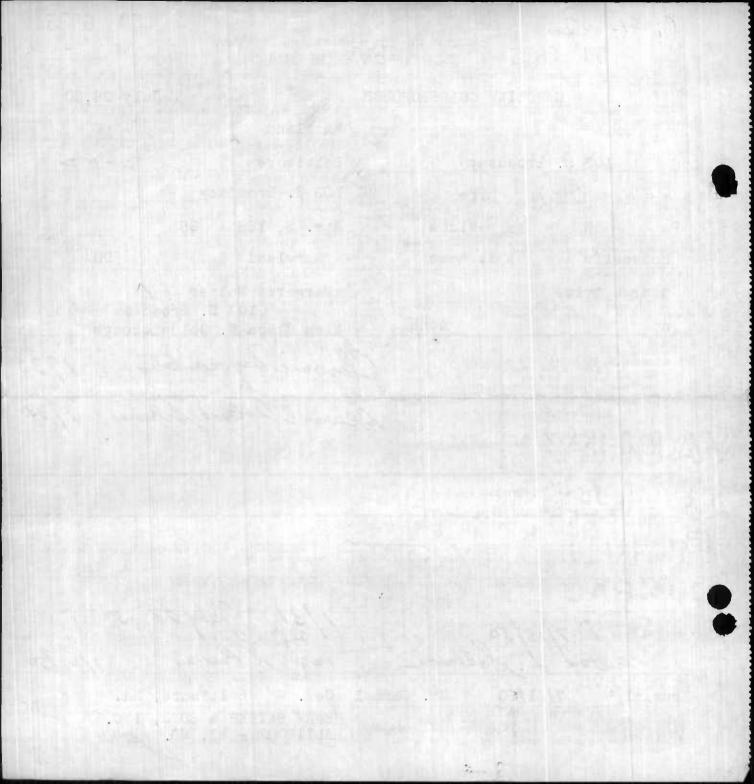


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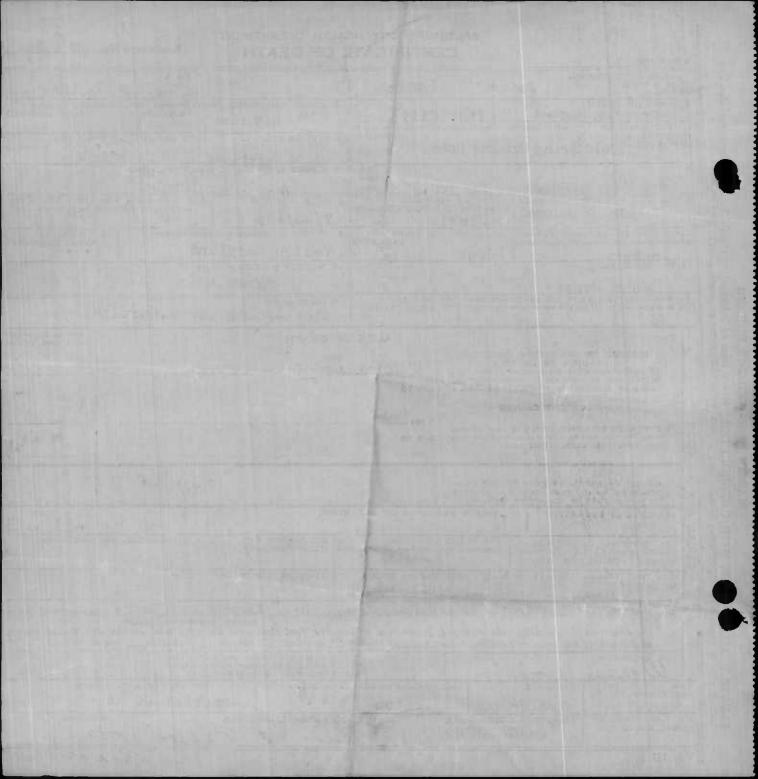
# BALTIMORE CITY HEALTH DEPARTMENT

50	6625

ВІ	RTH NO. 50 6625 CERTIFICATE	E OF DEATH Registered No.			
1.	NAME OF DECEASED	2. DATE			
(1	ype or Print) CAROLINE GOLDSBOROUGH	DEATHJuly 28,50			
Α.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A STATE B. COUNTY before admission)			
H	OSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give			
A	103 S. Broadway	Baltimore 2-02 township)			
4	Yrs.	D. STREET ADDRESS (If rural, give location)			
-	Length of stay in Baltimore Life Mos. Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	103 S. Broadway  8. DATE OF BIRTH 9. AGE (In years   If Under 1 Year   If Under 24 Hours			
	WIDOWED, DIVORCED (Specify) Widow	Apr. 5, 1855 95			
	A. USUAL OCCUPATION (Givekindof done during most of working life, even if retired)  housewife at home	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF  USA  USA  USA			
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	George Grice	Margaret Molter			
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT 103 S. BroadwayDDRESS			
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.				
	18. 422./ CAUSE (	Miss Clara N. Goldsborough			
Z	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)	esonie Argocordetes 1930 meral arteus Schoris 1930			
<b>LIFICATION</b>	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)				
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
7	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION 20, AUTOPSY?			
Y		YES NO			
YES NO LACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  YES NO LOTTER OF INJURY (e.g., in or labout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  (If in Baltimore City, give exact location) INJURY OCCUR?					
2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?			
	OF INJURY WHILE AT NOT WHILE				
	m.   work   AT WORK	193/10 Well 28 1050			
	22. I hereby certify that I attended the deceased from	19, to leave 19, 195, that I last saw the			
	deceased alive on 1/28/1, 19 and that death occur 23A. SIGNATURE 2	red at 2 m., om the causes and on the date stated above.  3B. ADDRESS 23C. DATE SAGNED			
	Melton L. Solowon M.D.	129 S. /2way 7/29/50			
	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
110	burial 7/31/50 Mt. Carmel	Cem. Baltimore, Md.			
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	HENRY SANDER & SONS, INC. ABOVE SANDER & SON			
-	VS 150	DAULIMORE - 13, MU, WILLIAM OS S			
		931			



50 6626	BALTIMORE CIT	TY HEALTH DEPARTMENT 50 6626			
BIRTH NO.		CATE OF DEATH Registered No.			
	eph Jones	2. DATE OF DEATH July 27, 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (I finet in hospite	Balto. City	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE A. STATE May land B. COUNTY hefore admission			
HOSPITAL OR INSTITUTION Cold Spring Nu	Io	ocation) C. CITY OR TOWN (If outside corporate limits, write BURAL and give township			
c. Length of stay in Baltimore	35 yrs.	Yrs. D. STREET ADDRESS (If rural, give location)  Mos. Days 422 N. Caroline St.			
Male Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED Single	7/26/1880   65 7			
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)  Junkar	108. KIND OF BUSINESS	Venton Maryland  11. BIRTHPLACE (State or foreign country)  Venton Maryland  12. CITIZEN OF UWHAT COUNTRY			
John Jones		14. MOTHER'S MAIDEN NAME Unkown			
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY	No. 17. INFORMANT Elna Duncan 422 N. Caroline St			
heart failure, asthenia, etc. It meaning in the property of complication which complication which complication which complication which complication with the property of the	aused death.) DUE TO  SES  (B)  FANY, GIVING STATING THE DUE TO  ST. (C)  TIONS CON-				
TO THE DISEASE OR CONDITION		OPERATION 20. AUTOPSY?			
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give export of the contribution of the contributi					
210. TIME (Month) (Day) (Year) OF INJURY	WHILE AT NO	CCURRED 21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection & Inc. thereon and the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes \$\mathbb{L}\$, accident \$\mathbb{L}\$, suicide \$\mathbb{L}\$, homicide \$\mathbb{L}\$, undetermined \$\mathbb{L}\$					
234 SIGNATURE VIGORE	*	M.D. MEDICAL INVESTIGATOR JULY 28, 1950			
24A. BURIAL. CREMA- TION. REMOVAL (Specify)  Rurial  7/31/4	950 Vento	n Somerset Co Md (State)			
DATE RECEIVED BY   REGISTRAR'S	s signature	25 FONERAL DIRECTOR ADDRESS			
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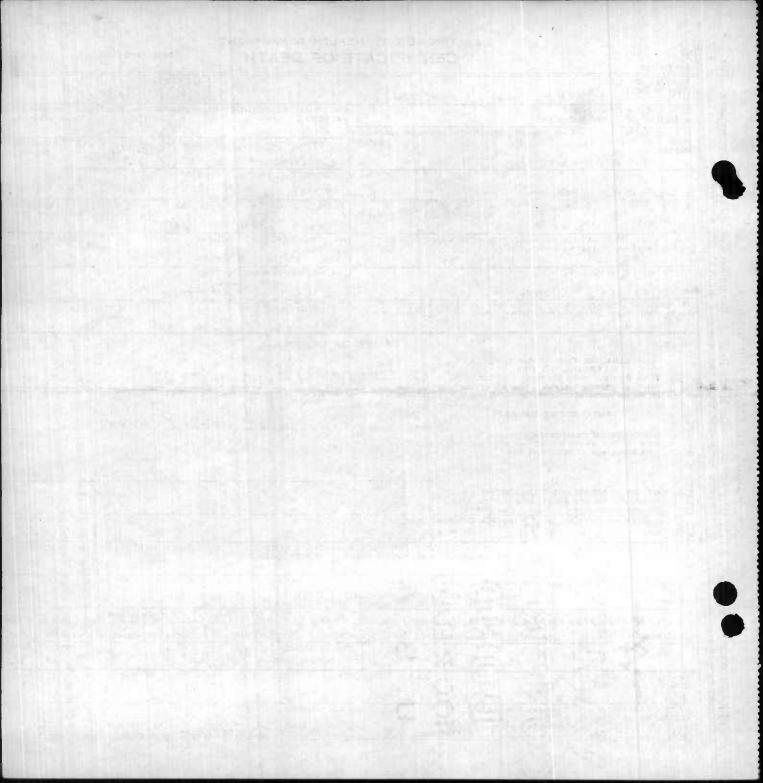
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VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	6627

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF av DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Nomens o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Wiber Days 9. AGE (In years if Under 1 Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? SW 5.0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME narles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, pp pr ppkpowp) (If yes, give war or dates of service) SECURITY NO INTERVAT CAUSE OF DEATH ONSET DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) ... heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ..... 11 RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 1950 . to2:45 pm 30, 1950 that I last saw the 22. I hereby certify that I attended the deceased from\_ . 19 57) and that death occurred at 2:45 P.m., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Mura DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR



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BALTIMORE CITY HEALTH CERTIFICATE OF	
1. NAME OF DECEASED	DEATH
(Type or Print) CHARLES YEAGER	DEATH JULY 28 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STAT	AL RESIDENCE (Where deceased lived, If institution residence
	ARY LAND ORTOWN (If outside corporate limits, write RURAL and give
INSTITUTION 2/30 P	ALTIMORE 13-06 township)
Yrs. D. STRE	EET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	RYLAND -3630 Kolnve Ale
WIDOWED, DIVORCED (Specify)	9. AGE (In years   Il Under   Year   If Under 24 Hours   Months   Days   Hours   Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRT	THPLACE (State or foreign country)   12. CITIZEN OF
MACHINIST BALMAR CORP PE.	NNA WHAT COUNTRY
ausism sum	THER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16 SOCIAL	ZABETH HOOVER
(Yes, no or unknown) (1: yes, give war or dates of service) SECURITY NO.	ENCE G. ERICH -3630 ROLAND-AV
18. 4714 . CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	A al
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	antelles of Near 2- neck
injury or complication which caused death.) DUE TO	~
Z ANTECEDENT CAUSES	leewow been
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
CONTRACTOR CONDITIONS CONTRACTOR	
OTHER SIGNIFICANT CONDITIONS CON- LL TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	WHERE DID (If in Baltimore City, give exact location)
About bome, farm, factory, street, office bldg., etc.) INJU	URY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F.	HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	E A LA SE EL
22. I hereby certify that I attended the deceased from deceased afternoon 2 2 2 19 and that death occurred at	7 , 1900 to the causes and on the date stated above
28a. SIGNATURE 23a. ADDR	
2AA BURIAL CREMA-124B. DATE 1249-NAME OF CEMETERY OF CRI	EMATORY 24D, LOCATION (City, town, or county) (State)
MON REMOVA (Specify)	Chenelle med
LOCAL DEGISTORS AND ALL DILL	NERAL DIRECTOR ADDRESS
IIII 3 1 1950 mittigton / Villiams, Mill	tin E. Donovan -38/8 Noland
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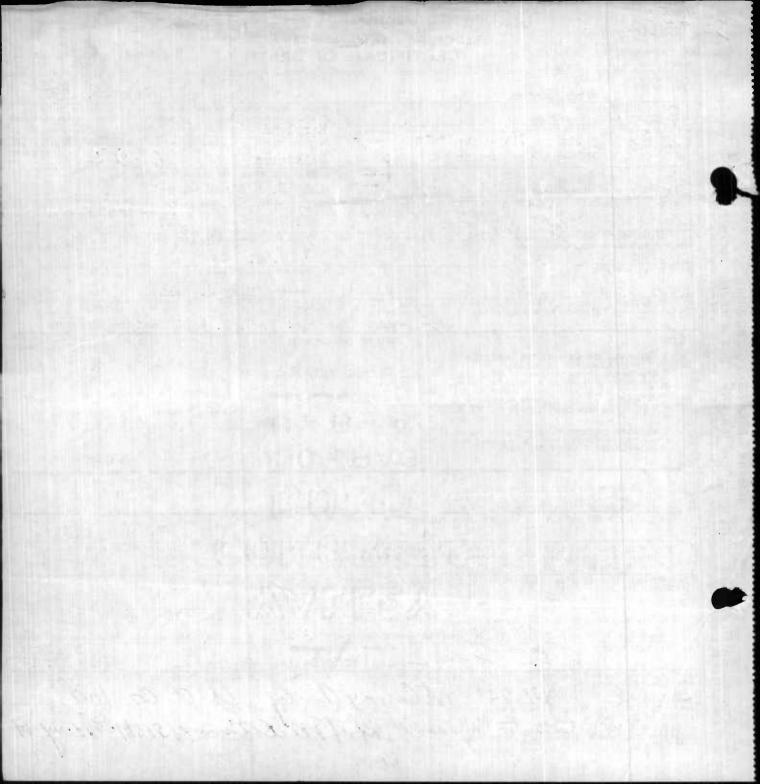
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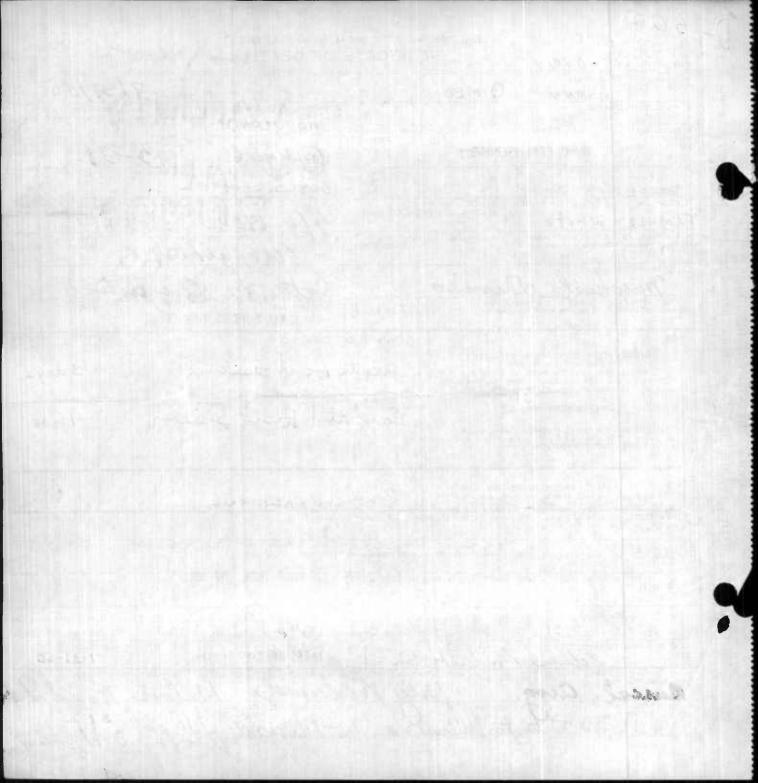
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased wed, If its litution: residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate lim) s, write RURAL and give township) HOSPITAL OR INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. EATON c. Length of stay in Baltimore Days on should b 6. COLOR OR RACE I 7. SINGLE. MARRIED B. DATE OF BIRTH AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORGED (Specify) last birthday) Months: Days Hours: Min. Marreld 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Jonsew Le death 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEMED EVER IN U.S. A MED FORCES? Yes, no or nnknown) (If yes, give war and dates of service) of 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO 9.5. 0 more. 18. CAUSE OF DEATH 20, ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: UNDERLYING CONDITION LAST. (C) .... RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 22. I hereby certify that I attended the deceased from July , 1950 and that death occurred at 323 deceased alive on the 27 A.m .. the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

DR. ANDREW KUNKOWSKI - 2529 EASTERN AVE

Man M 3 MORE M the set is 8 81% Til Destinal 11-6-1888 61 5 25 dates into the 18480.00 4.7 0 housed souther miss since months of many with March 5688. Co. Town all all the same and the same of the same of the same and the same of the same La July Lagran G. California

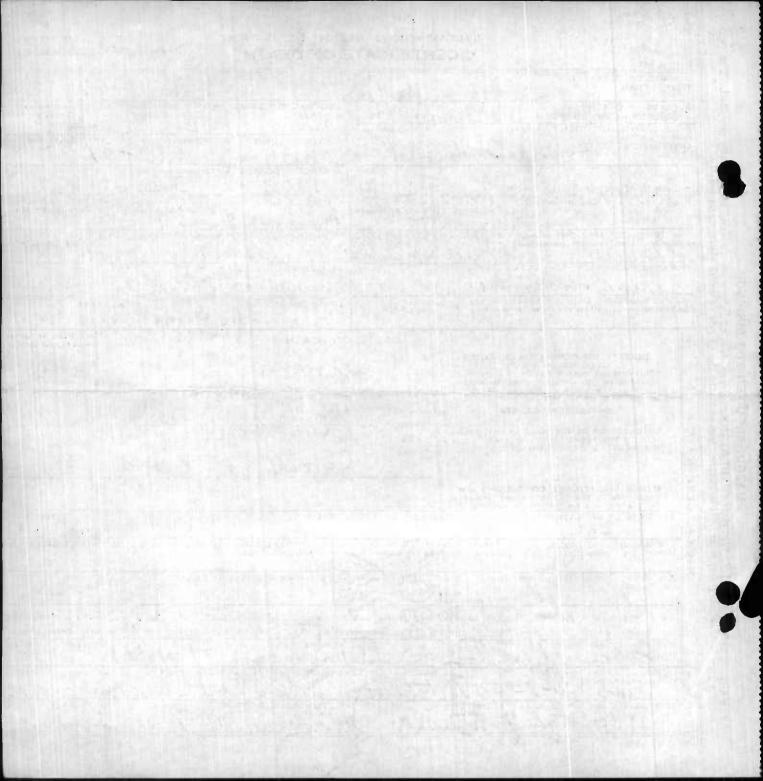


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ed. The	1.	NAME OF D Type or Print)	The second second second	mes	Butler		2. DATE OF DEATH 7-4	27-50
supplied.	A. B.	FULL NAME	City, Maryland		sion St.	A. USUAL RESIDENCE (WASTATE Many land	here deceased lived. If ins  B. COUNTY  Ba	titution ; residence before admission)
ılly		OSPITAL OR ISTITUTION	Provide	ent Hos	Pita/location)	Baltimore	outside corporate limits, w	vrite RURAL and give township)
e c legibly	-	Length of s	tay in Baltimore		Yrs. Mos. Days	1308 - €.	Chase St	,
should be		Male	6. COLOR OR RACE		DIVORCED (Specify)	Rug 31, 1892	last birthday) Month	
03	WOL	donedaring most	Working life, even if retired)	Office	Dulling	11. BIRTHPLACE (State or for Maryland 14. MOTHER'S MAIDEN NA	cl 12	WHAT COUNTRY?
information of death cl		Jane	27.7	CAN 16	SOCIAL	amie (	Durens	)
of	(Ye	u, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Mrs Sadie	11	1-N. Central
Every item write the cau		(This does heart failu	SE OR CONDITION LEADING TO DEA s not mean the mode of the, asthenia, etc. It mea complication which of	TH  of dying, e.g.,  ns the disease,	(A)	Lnemia		2 days
INK.	CATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE	(B)	Unethral St.	trictines	
UNFADING Physicians:	CERTIFI	TRIBUTING	II  SIGNIFICANT CONDI  G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	(C)	-alculus of	Ridney	
H	1	19A. DATE C	one 1		DINGS OF OPERA	ATION		YES NO
LY, WITH	MEDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		OF INJURY (e. g., in actory, street, office bldg., et		f in Baltimore City, give	exact location)
		21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. WHILE m. WOR		D 21F. HOW DID INJURY	OCCUR?	
S especia			y certify that I att live on 7=27		that death occurr	red at 8 pm m., from the	re causes and on the	hat I last saw the date stated above. 23c. DATE SIGNED
PLEASE WRIT	21	BURIAL.		50 346	NAME OF CEMETER	Provident Pry or CREMATORY 2400LC	1.	7,28-50 county) (State)
PLEA	DL	ATE RECEIVE		S SIGNATURE	v. cuer	25 FUNERAL DIRECTOR	7 the land	poress 5 /8 w

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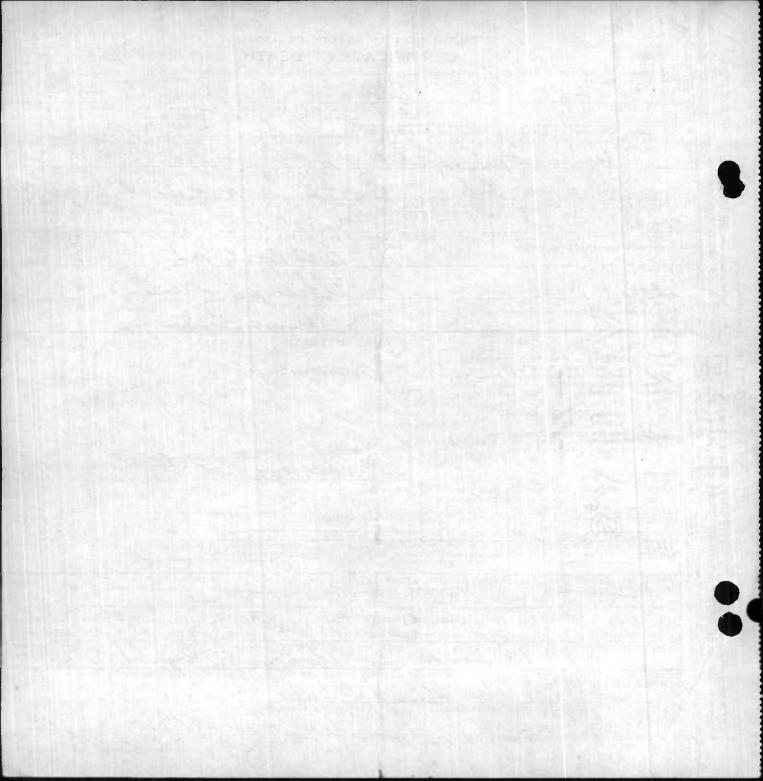


MOT A MEDICAL TO MORES GASE

William U fortiff M.O.

CWIEF OR ASS'T. MEDICAL EXAMINER

G. 5	652 0 6634 BIRTH NO.	LTIMORE CITY HEALTH DEPARTMI CERTIFICATE OF DEATH	ENT Registered No. 6634
d. The	1. NAME OF DECEASED (Type or Print) GRINAGE	Lema-	2. DATE OF 7-29-50
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institute)	4. USUAL RESIDENCE A. STATE	CE (Where deceased lived. If institution: residence B, COUNTY, before admission)
ally y.	HOSPITAL OR INSTITUTION University A	Vrs. D. STREET ADDRESS	(If outside corporate limits, write RURAL and give township)  5 (If rural, give logation)
be ca d legibl	c. Length of stay in Baltimore  5. SEX [6. COLOR OR RACE] 7. SINGL	Mos. 937 Best E. MARRIED. 18. DATE OF BIRTH	gier Road Bengie Md
ldan	Female Colored WIDOV	VED, DIVORCED (Specify) June 7, 19	last birthday) Months Days Hours Min.  te or foreign country)   12. CITIZEN OF
	work done during most of working life, even if retired)  13. FATHER'S NAME	14. MOTHER'S MAID	Ly Md. WHAT COUNTRY?
BINDING of information uses of death cle	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown)   (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
BIN of uses	18. 204,3	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND GEATH
FO ry ite	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	E. (A) proumonts	
62 P	injury or complication which caused death		
er ber	DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST. U	HE OUE TO	4
MARGIN UNFADING Physicians:	TI OTHER SIGNIFICANT CONDITIONS CO		aule
	TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. MAJOR		20, AUTOPSY?
LY, WITH important.	2 21A. ACCIDENT, SUICIDE.   21B. PL	ACE OF INJURY (e. g., in or 21c. WHERE DID farm, factory, street, office bldg., etc.) INJURY OCCUR?	
LY,	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID IN	NJURY OCCUR?
T. T. especial	22. I hereby certify that I attended the	deceased from 7-2 4 1950, and that death occurred at 630 m., fr	to 7-25, 195, That I last saw the rom the causes and on the date stated above.
RI	23A/GIGNATURE	man M.D. Murera	to / Kespely 230. DATE SIGNED
PLEASE W	24%. BURIAL, CREMA- 248. DATE TION OF MOVAL (Specify)  Auly 3//50	Sharp St Cemeter	Chase MIL (State)
PLE	LOCAL REGISTRAR SIGNATURE AND AUGUST AND AUG	Mu Orber	h a. Ellist v Daughter
	VS 150	1/2	29n. Carline BT. 74a



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF BARTLETT supplied. JOSEPH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, white RURAL and give INSTITUTION legibly. ADDRESS Yrs. o. STREET (If rural give location) Mos. c. Length of stay in Baltimore Days and 5. SEX 6. COLOR DR. RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. information should clearly 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR Petrice political politic, even if retired) TMDUSTRY 13. FATHER'S NAME death MALDEIN NAME BINDING 15. WAS DECEASED EVER IN U, S. ARMED FORCES? of 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes 1B. CAUSE OF DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN (C) ERTII 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF MEDICAL important. 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 7-17-50 deceased alive on -30-50 . 19\_\_\_\_ PLEASE WRIT 23A. SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24c. NAME OF CEMETERY DR CREMATOR

20. AUTOPSY (If in Baltimore City, give exact location) 19 to 7-30-50 19 \_, that I last saw the .. and that death occurred at 3:25a.m., from the causes and on the date stated above. 23c. DATE SIGNED 7-30-50 24D. LOCATION (City, town, or county) EMORIAL 25. FUNERAL DIRECTOR ADDRESS

before admission)

If Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT GOUNTRY

INTERVAL BETWEEN

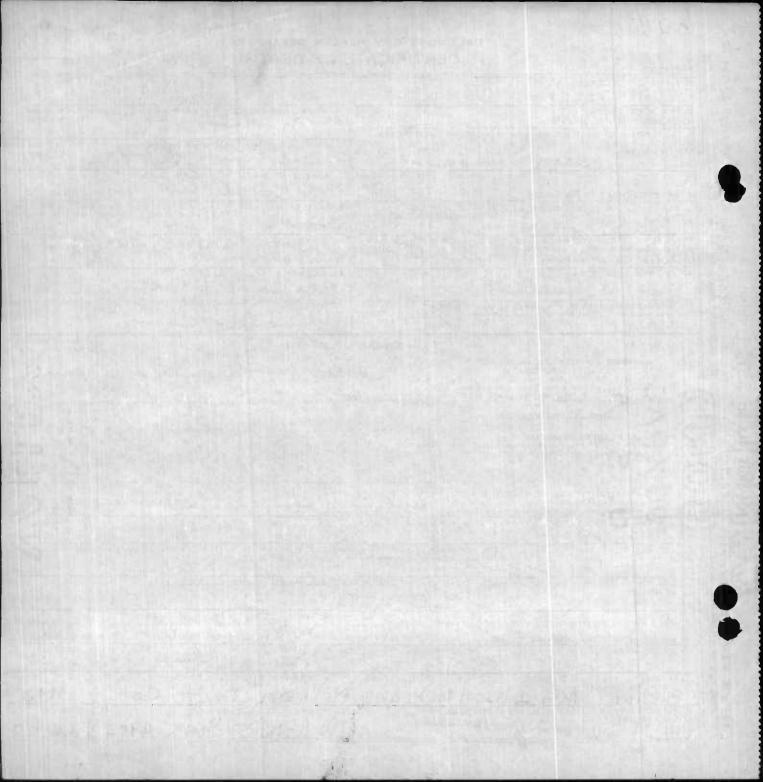
ONSET AND DEATH

township)

LOCAL REGISTRAR VS 150

BURIA DATE RECEIVED BY

REGISTRAR'S SIGNAT



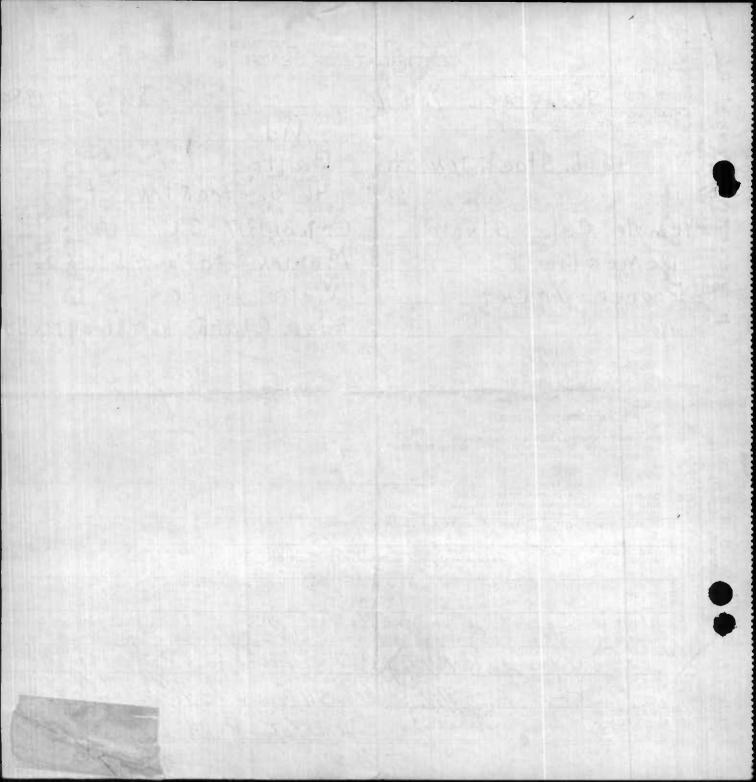
		MARGIN RESERVED FOR BINDING	1
PLEASE WRITH A.Y.	WITH	Y, WITH UNFADING INK. Every item of information should be	Je-
correct age is especial, mpo	rtant.	Physicians: please write the causes of death clearly and legiber.	0.00

AA	Y, WITH	UNFADING INK.	ITE A.Y. WITH UNFADING INK. Every item of information should be Ily supplied. The
clall, m	portant.	Physicians: please	write the causes of death clearly and legiber.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No.

1. NAME OF DECEASED	2. DATE
(Type or Print) BEOMOIRNZ YOUNG	DEATH JULY 27, 1950
	USUAL RESIDENCE (Where deceased lived, If institution: residence STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or	Ma.
INSTITUTION 1 CA LA LA CA	CITY OR TOWN (If outside corporal limits, write BURAI, and give township)
10 96 8. STOCK TON ST. Yrs. O.	STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	46 S. Stook ton St.
E CEV COLOR OF PACE TO CINICIE MASSING	DATE OF BIRTH  9. AGE (In years   Munder   Year   H Under 24 Hours   Months: Days   Hours   Min.
7emale Col. Single Market (Specify)	21, 31,1917 32 Hours May
10A. USUAL OCCUPATION (bive kind of or	BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
DOMESTIC	Tarion Station Md u.s.a.
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
Beongo Toung	Viola /VIIes
15. WAS DECEARED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, pa or unknown) (If yes, give war or dates of service) SECURITY NO.	. INFORMANT ADDRESS
/Yo	ana Clark 465. Stockton St
18. OOYX	DEATH INTERVAL BETWEEN ONSET AND OEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	man promises
injury or complication which caused death.) OUE TO	(tax advanced)
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED  O TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATI	ON 20. AUTOPSY?
A	YES NO
21a. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, atreet, office bidg., etc.)	21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
N N N N N N N N N N N N N N N N N N N	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	19 To, to 11 L, 19 To, that I last saw the
deceased alive on 1,19), and that death occurred	Address   23c parts signed
23A. SIGNATURE W. W. W. 23B.	4 L. N. Gilm XXT 77 L965
24A. BURIAL, CREMA 248. DATE 24C. NAME OF GEMETERY	OR CREMATORY ZAD. LOCATION With town, or county (State)
HON, REMOVAL (Specify)	My Tym Ballo. Hld.
DATE RECEIVED BY PROISTPAP'S SIGNATIONE	FUNERAL DIRECTOR ADDRESS 322N
111 3 1950 Lentington Williams, Mr.	re Katie (Chilliams) Schreder St
VS 150	100
7208	A 7 7

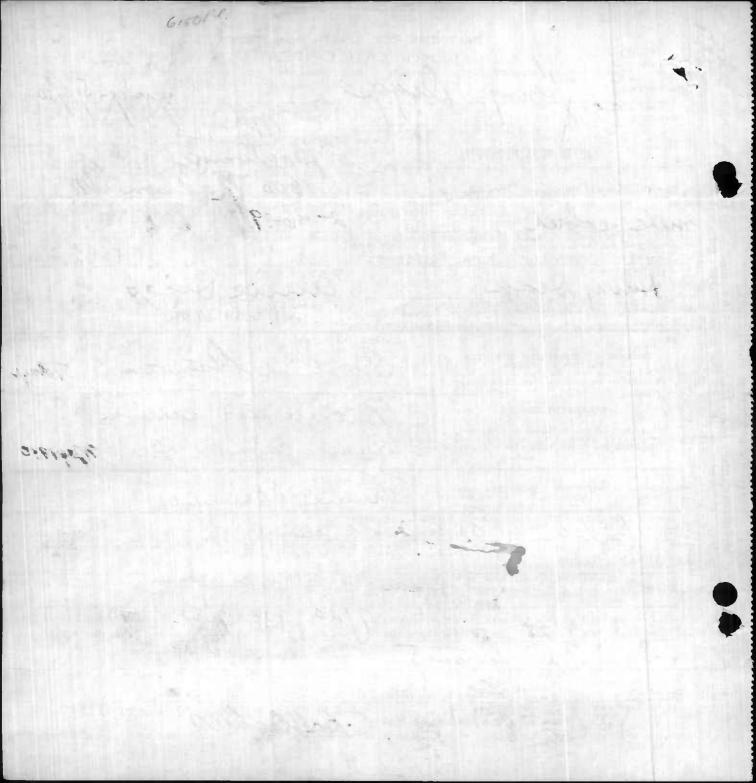


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Stevenson. (Type or Print) CF supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write EURAL and give INSTITUTION Yrs. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under I Year 9. AGE (in years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. clearly 10A. USUAL OCCUPATION (Give kind of BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even ifretired) INDUSTR information s 000 13. FATHER'S NAME 14. MOTHER'S MAIDEN BINDIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH 002 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNFADING Physicians: UNDERLYING CONDITION LAST. MARGIN (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY MEDIC 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c, WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 215. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE especial WORK . 19 V that I last saw the 19 50 to 22. I hereby certify that I attended the deceased from 27 1950 and that death odurred at\_ / 2 m., from the eauses and on the date stated above. deceased alive on 23A. STONATURE 238. ADDRESS 23c. DATE SIGNED BURIAL. CREMA-248. DATE 24C, NAME OF CEMETERY OR HON, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

Sterens used on John Sterens u MARY CONNECTION or out the stand of the same of the

	I-00	0	ВА	LTIMORE CITY HI	EALTH DEPARTMENT	5	0 '6638
5	ATH N663	8		CERTIFICAT	E OF DEATH	Registered No.	
1. (T	NAME OF D ype or Print)		ILLE	L	EE	OF July 20	6, 1950
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (W		
	FULL NAME	OF (If not in hospi	tal or institu	tion, give street address or location)		outside corporate limits, w	mite MTCDAT and with
IN	ISTITUTION	Johns H	lopkins	Hospital	Baltimore	10-	O C township)
		tay in Baltimore		Yrs. Mos. Days	713 N. Central		
	sex Female	6.COLOR OR RACE		e, married, wed, divorced (Specify) married	March 23, 1907	9. AGE (In years   f Und last birthday) Month	er I Year Hunder 24 Hours ns Days Hours Min.
10 work	done during most o	CUPATION (Give kind of working life, even if retired.	10B. KIN	D OF BUSINESS OR INDUSTRY	Gainesville, Geo		WHAT COUNTRY
13	FATHER'S	IAME			14. MOTHER'S MAIDEN NA		
1.5	WAS DESCRICE	Claude Keit			Bessie Williams		
(Yes	, no or unknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
_	18. F G I	6.0			Mr. Claude Keith	. IIOS Drula i	ILL AVENUE
RTIFICATION	RISE TO T	ANTECEDENT CAU  5 OR CONDITIONS, HE ABOVE CAUSE (A) //ING CONDITION L	F ANY, GIVI				
ERTIFIC	TRIBUTING	II IGNIFICANT COND TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED			
Ö				R FINDINGS OF OPER	RATION		20. AUTOPSY?
DICAL	UNDERLYING	IAL CAUSE WAS G OR CONTRIB-	about bome,	ACE OF INJURY (e. g., I	etc.) INJURY OCCUR?	in Baltimore City, give	
ME		Month) (Day) (Year		nome	Basement of 71		avenue
	OF INJURY		30 Pm.		Brown od her fine	in kerosene s	tove
	the evi	y that I took char dence obtained by	rge of the	remains described of opsu. Inspection or l	nbove, held an Inquiry Autopsy, Inquiry, find that said de	nspection or Inquiry ceased died on the	day stated above
	234/SIGNAT	ley H.	Qu	clocker	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	XAMINER 23c. I XAMINER 2 DR	7-27-50
TIC	BURIAL, CON REMOVAL (S	L July 11	1950	24c. NAME OF CEMETE	is man IR. B	CATION (City, town, or	county) (State)
LC	CAL REGIST	DAD Y	0 16	Miante, Miss	25, FUNERAL DIRECTOR	1631 84	aid of 1
V	\$ 151	- 948: 7	Ø.	7208	A Funeral 1	tome . 1	81 /

he			HEALTH DEPARTMENT	50 6639 Registered No.
supplied. T	3.	NAME OF DECEASED Henry Diggs	4. USUAL RESIDENCE (W	2. DATE OF DEATH 25 /50 here decyaged lived. It institution, residence
ılly supi	В.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address location NSTITUTION (IST ROPKINS HOSPITAL)		outside corporate limits/write/kll/RAI and give township)
be nd legnor	_	Length of stay in Baltimore 30yrs Day.  SEX 6.COLON OR RACE 7. SINGLE, MARRIED.	D. STREET ADDRESS IF I	gural, give location)  Also  9. AGE (1n years) If Under 1 Year   If Under 24 House
should learly an	wor	WIDOWED, DIVORCED (Specific Single Single DA. USUAL OCCUPATION (Give kind of kidone during most of working life, even if retired)  The state of working life, even if retired of the state	11. BIRTHPLACE (State or fo	WHAT COUNTRY
NDING information s of death cle	13	Elevator Operator   Sugar Refinery  3. FATHER'S NAME  DUGGE  3. WAS DECEASED EVER IN U. SURMED FORCES?   16. SOCIAL	14. MOTHER'S MAIDEN NA	Diges
BI Jo u	(Ye	No No No No 212-09-597	OF DEATH	ADDRESS  INTERVAL BETWEEN ONSET AND DEATH
54		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)  DUE TO	testinal Ob	struction 7 days
RESEI 7 INK. please	ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING	st-operativi vieus Carcuon	7
MARGIN UNFADINC Physicians:	CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	mia, (term	erial)
LY, WITH important.	EDICAL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   19B. MAJOR FINIST   19B. MAJOR	An or   21c. WHERE DID (II	20. AUTOPSY?  YES NO  No  f in Baltimore City, give exact location)
iah, im	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY  m. WHILE AT NOT WHIL AT WORK	E	
WRIT Sespec		22. I hereby certify that I attended the deceased from deceased alive on 19,00, and that death occ 23A. SQNATURE	rred at 8 m., from the 23B. ADDRESS HOPKINS H	, 19 P, that I last saw the causes and on the date stated above.  OSPITAL 23C. DATE SIGNED
PLEASE WRIT	D.	ON, REMOVAL (Specify) Burial 7/31/50 Mt. Auburr ATE RECEIVED BY   REGISTRAR'S SIGNATURE.	ERY OR CREMATORY 24D. LC	to.Md  512NCarrollton Av
A S	==	VS 150	47	46E



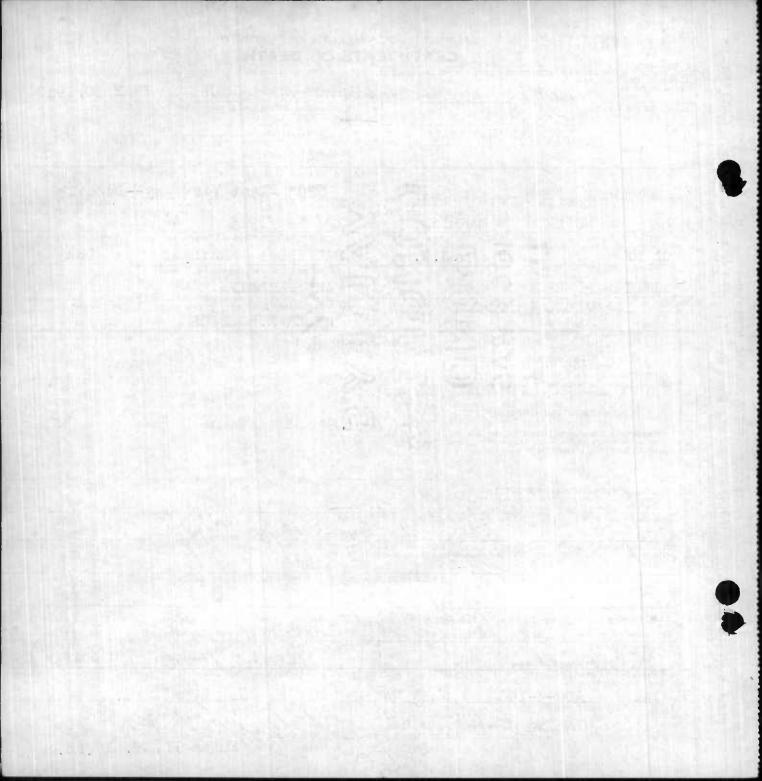
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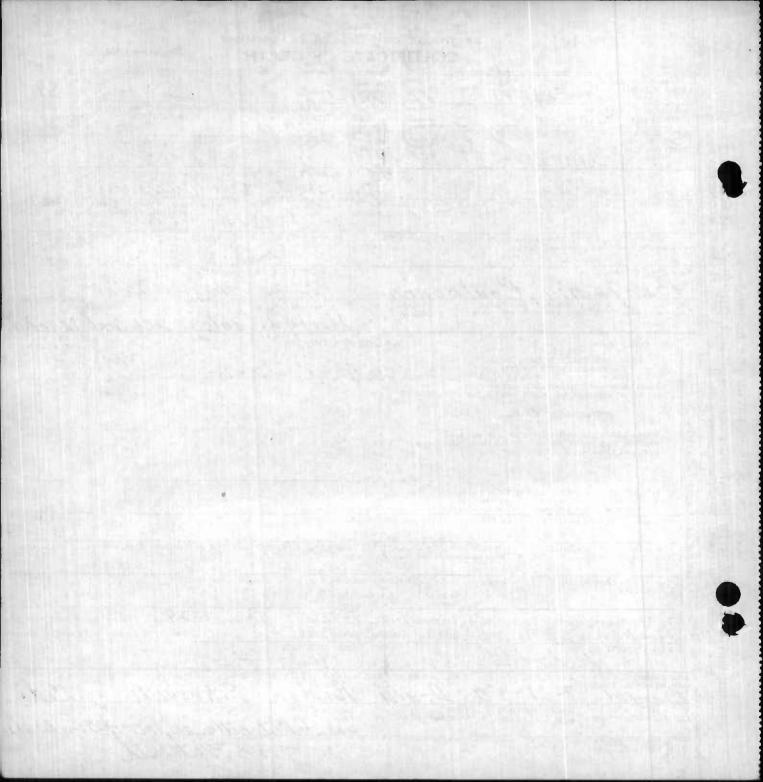
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	00:0
egistered No	6640
egistered No.	

В	RTH NO.			CERTIFICATI	E OF DEATH	Register	ed No	
1.	NAME OF DI	ECEASED/				2. DATE		
(T	ype or Print)	heRo	R	. Habeck I	LEROY R. HOEB	ECK) DEATH JU	LY 30, 1	1950
	PLACE OF DI	EATH: City, Maryland	1		4. USUAL RESIDENCE	(Where deceased live		n: residence fore admission)
Ð.	FULL NAME		al or institut	ion, give street address or		Balt	miare	the second of
	SPITAL OR	UNIVERSITY	Y OF M	ARYLAND location)	C. CITY OR TOWN	(If outside corporate	limits, write RI	URAL and give township)
1	2 4				BALTIMORE	1	200	township,
)	0			Yrs. Mos.	D. STREET ADDRESS	(If rural, give location	n)	
_		tay in Baltimore		LIFE Days	6203 Plant			
5.	SEX	6. COLOR OR RACE	7. SINGLI WIDOW	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months; Day	s Hours: Min.
_	ALE	WHITE		RIED	12/ 22 /1915	44		
		CUPATION (Give kind of fworking life, even if retired)		OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State of	r foreign country;	12. CITI	ZEN OF AT COUNTRY
	CLERK		B & 0	.R.R.	BALTIMORE M	ARYLAND	USA	
13	. FATHER'S N		m, E		14. MOTHER'S MAIDEN			
		M HOEBECK			MARY PHILLIP	S		
15 Ye	WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
				02001117110.	HELEN M. HOE	BECK	SAME	
	18. 444	1 X	13-14	CAUSE	OF DEATH			RVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY				ONSE	I AND DEATH
		LEADING TO DEA not mean the mode	TH	11	ema			
	heart failu	re, asthenia, etc. It mes complication which	ans the diseas	se,				
	E			1.) DOE 10				
7		ANTECEDENT CAUS	SES	1de	per Vense	<b>~</b>		
LION		OR CONDITIONS,						********************
AT		HE ABOVE CAUSE (A)		HE DUE TO				
RTIFIC								
=		H		(C)		***************************************		
田田		IGNIFICANT COND						
U		F OPERATION . 1		FINDINGS OF OPER	ATION A	- 1 /	120	AUTOPSY?
AL	7-13-1	50	20	mul Su	mpathetic	Charm	YES	
EDICA		NT. SUICIDE.			n or 21c. WHERE DID	(lf in Baltimore C		
Ш	HOMICIDE	(Specify)	aboot home,	farm, factory, street, office blog.,	etc.) INJURY OCCUR?			
Σ	21p. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJ	JRY OCCUR?		
	OF INJURY			WHILE AT NOT WHILE				
			m.	WORK AT WORK		5 - 30	. (4)	
		y certify that I att				7-30,1		
			_, 19_50,		rred at 10:10pm., from	n the causes and		stated above
	23A. SIGNAT	Soc M	. 1		3B. ADDRESS	Hoop,	230.0	31)-50
2	AA BIIRIAI C	REMA- 24B. DATE	9	M. D.   24c. NAME of CEMETE	RY OR CREMATORY   240	LOCATION (City,	own, or county	
	4A, BURIAL, CON, REMOVAL (S					V		
-	URIAL	D BY   REGISTRAR		GLEN HAVEN	25 FUNDRAL DIRECTO	ENBURNIE N	ADDRES	SS
L	OCAL REGIST	RAR	f- 1/1	L'aux M. W.	1 19111	h N W	20	
	3 [1]	950 Tuntua	45V /11V	Markey Illiam	· Mung	west T	(X) no	/
	VS 150	0.000	mark like	39050	1300 E	UTAW PLACE	. 17. M	d.
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: before admission) A STATE B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township 0 (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 7. SINGLE MARRIED.
WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE Un vears last birthday) Months: Days Hours! Min. 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U. -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME amin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) RTI 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION NO DIC (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ы 21E. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY especially WHILE AT NOT WHILE WORK 1950 to . 195 That I last saw the 22. I hereby certify that Lattended the deceased from and that death occurred at 130 P.m., from the causes and on the date stated above. 19\_5 deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 1/2 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 249. NAME CEMETERY OR CREMATORY LOCATION (City, town, or county) 24B, DATE PLEASE Durial ADDRESS REGISTRARIS SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR



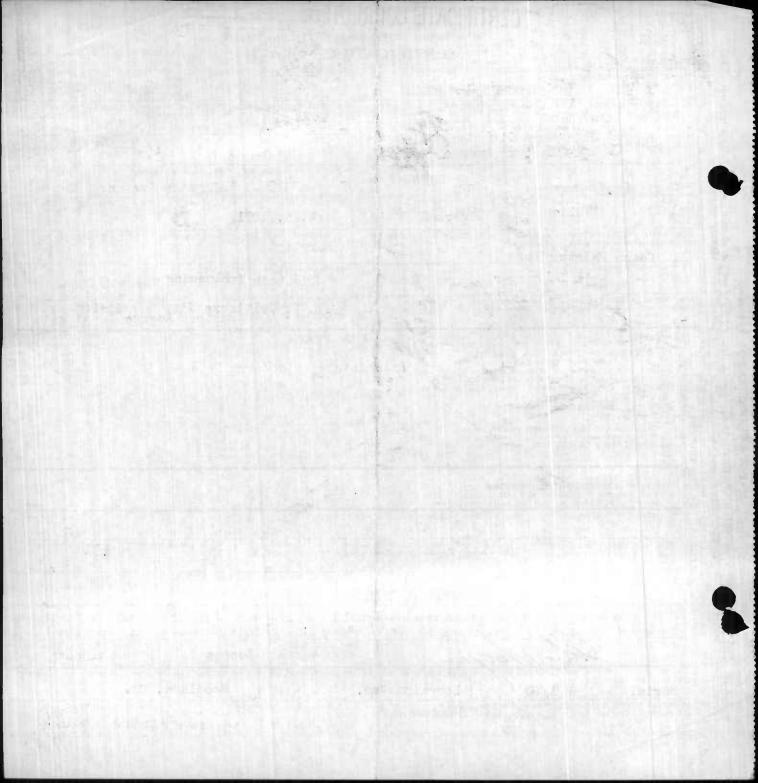
The 4	L	416 <sub>5(</sub>	6642	ВА	ALBREC !	TE OF DEATH	Registered	6642
	1.	NAME OF D	ECEASED ROZ	1)a. H	Thread 7		2. DATE OF DEATH 7-	29-50
y supplied.	B.	FULL NAME OSPITAL OR	City, Maryland	pital or institu	tion, give street address of location		Where deceased lived, If	f institution: residence before admission ts, write RURAL and giv
lly legibly.	-	Length of s	tay in Baltimore	Women	of Maryland Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	township
og p	5.	sex	6. COLOR OR RAC	WIDO	E, MARRIED, WED, DIVORCED (Specification)	8. DATE OF BIRTH 12 - 3-1888	9. AGE (In years last birthday)	ff Under 1 Year II Under 24 Heurs onths Days Hours Min.
NDING information should of death clearly an	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Hewseuge  13. FATHER'S NAME					11. BIRTHPLACE (State or f  12. MOTHER'S MAIDEN N	rd	WHAT COUNTRY
DING nforma of deat	15 (Ye		ED EVER IN U. S. ARI	IED FORCES?	16. SOCIAL SECURITY NO.	Mary C.		ADDRESS
BID of auses		18. 19	9.8			OF DEATH	tein 9 0s	INTERVAL BETWEEN
RESERVED FO INK. Every ite please write the	ATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DISTRICT OF THE ABOVE CAUSE (YING CONDITIONS)	EATH e of dying, e. neans the dises caused deat USES . IF ANY, GIVIA) STATING TO	g., (A) Ser ise, h.) DUE TO	remeized are	nary site	Jones And Dear
MARGIN UNFADING Physicians:	CERTIFIC	TRIBUTING	II  SIGNIFICANT CON  S TO THE DEATH, BO  DISEASE OR CONDITI	JT NOT RELAT	DN -	(		
1	AL	19A. DATE C	F OPERATION ()		R FINDINGS OF OPE			20. AUTOPSY?
LY, WITH	MEDIC	21A, ACCIDE HOMICIDE	(Specify)	21B. PL about bome	ACE OF INJURY (e. g., farm,factory,street,office bldg	in or 21c. WHERE DID () INJURY OCCUR?	If in Baltimore City,	give exact location)
	-	OF INJURY	(Month) (Day) (Ye	m.	21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	E		
RITE is especia		deceased at	live on 7 - 2			-13-, 1950, to 7 urred at 10:00 mm., from t		he date stated above
PLEASE WRITE correct age is esp	TI	4a. BURIAL. (SON, REMOVAL (S	CREMA: 24B. DATE Specify) 8/2/3		24c. NAME OF CEMET	Park B	OCATION (City, town	
PL		ATE RECEIVE OCAL REGIST		R'S SIGNAT	Williams M	25 FUNERAL DIRECTOR	lever & Son	o-Salty
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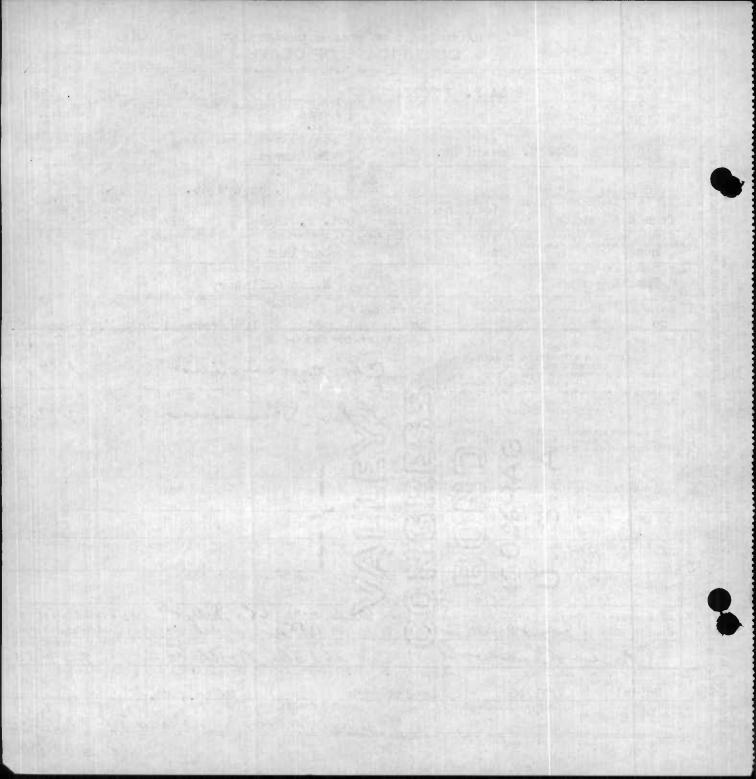


6540
BIRTH NO.
1. NAME OF DE

## BALTIMORE CITY HEALTH DEPARTMENT

6644

50 6644		E OF DEATH	Registered No.
1. NAME OF DECEASED	LLA F. BROMNELL		DATE OF DEATH July 29, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where	deceased lived. If institution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR	al or institution, give street address or location) Howard St.		de corporate light), which RURAL and give township)
c. Length of stay in Baltimore	Yrs, Mos. Days	D. STREET ADDRESS (If rural, 2833 N. Howard St	
female white	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Single		ast birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work doneduring most of working life, even if retired) NONO	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign Maryland	country)   12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Thomas Bromwell		14. MOTHER'S MAIDEN NAME Ellen Salisbury	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or nnknown) (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which of the complex of th	DIRECTLY TH of dying, e.g., ns the disease, raused death.)  DUE TO  SES  (B)  (C)  ITIONS CON- NOT RELATED	of DEATH  Myrewdite  Fax Freuen	1947 7-26-57
N N N N N N N N N N N N N N N N N N N	218. PLACE OF INJURY (e.g.,		YES NO Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURF  MHILE AT NOT WHILE M. WHILE AT NOT WHILE AT WORK  ended the deceased from 19.50, and that death occu	RED 21F. HOW DID INJURY OCC	
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 7/31/50 DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR	24c. NAME OF CEMETE  Lot don Par  S SIGNATURE	ERY OR CREMATORY 24D. LOCAT	of Md. Appress Bally
VS 150	0	* }	108 Ma



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## CERTIFICATE OF DEATH

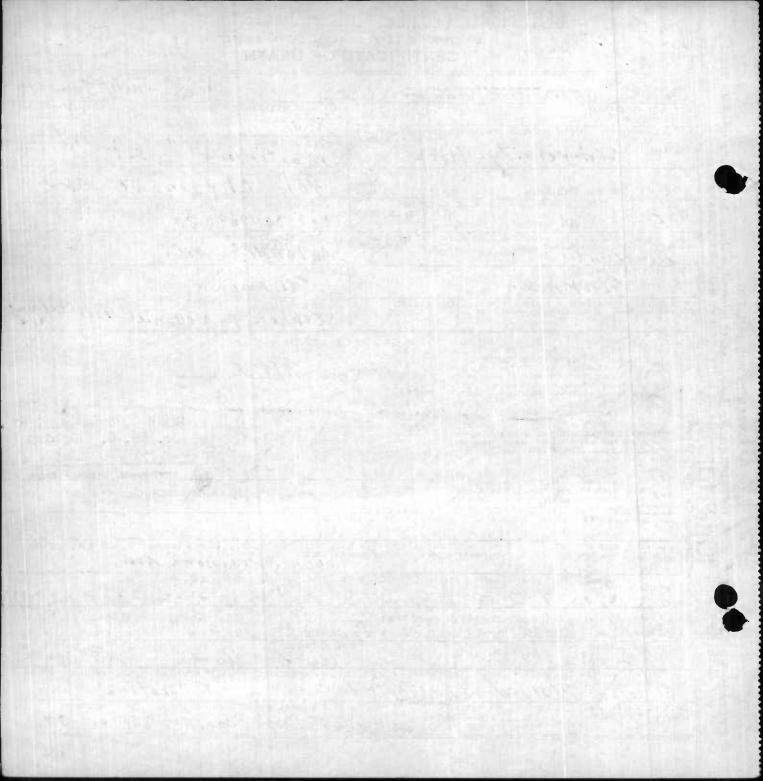
50 6645
Registered No.

В	RTH NO.			CERTIFICATI	E OF DEATE		
	NAME OF D	ECEASED				2. DATE OF	
		EAT!	IDA R	• MAGERS	I A LICIAL DECIDE	DEATH	July 30, 1950 ed. If institution: residence
A.	Baltimore C	City, Maryland			A. STATE	B. COUNT	
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institu	tion, give street address or location)	c. CITY OR TOWN	alf outside corntes	Timits with BORAL and give
	STITUTION	1801 Pop	plar Gr	ove St.	Baltimore	15	township)
-	2011			Yrs.		S (If rural, give location	n)
c.	Length of s	tay in Baltimore		Mos. Days	_1801 Poplar	Grove St.	
	SEX	6. COLOR OR RACE		E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	Months: Days Hours: Min.
	female	white	1	ingle	June 18, 18	374 76	Months Days Hours Min.
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINI	D OF BUSINESS OR	11, BIRTHPLACE (St	ate or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	School	Teacher (rtd.		ation	Maryland		WITAL COOKTACT
13	FATHER'S	NAME			14. MOTHER'S MAI	DEN NAME	
_		M. Magers			Hannah R. W	Mite	
(Ye	s, no or unkoowo)	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS St.
_	-				Mr. Harry	B. Magers - 18	301 Poplar Grove
	18. 42	0,2		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION LEADING TO DEA		Con	ebral 2	Vennlar	- & hundred
	(This does	not mean the mode	of dying, e.	SO _			
		complication which		h.) DUE TO	teres - Sal	erosis_	P + 12 945
		ANTECEDENT CAU	SES	Hy	pertensi	- angena	vector J.
CATION	DISEASE	S OR CONDITIONS,	F ANY, GIVI	NG (B)	J		
F		THE ABOVE CAUSE (A)		THE DUE TO			
							\$50 PESTERS
RTIF		II		(C) .			
Lil	TRIBUTING	G TO THE DEATH, BUT	NOT RELAT	red			
U		F OPERATION		R FINDINGS OF OPER			20. AUTOPSY?
AL	607	ne					YES NO
EDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i ,farm,factory,atreet,office bldg.,			ity, give exact location)
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I at		P7.	anal 17 194/8	to July 30	1900 that I last saw the
	deceased a	live on S 30	1950		20 0 1 1		on the date stated above.
	23A. SIGN	TURE	inle		2318 EX	as Place	LE 3/00
2	AA. BURJAL	CREMA- 24B DATE		24c. NAME OF CEMETE		24D. LOCATION (City, 1	town or egunty) (State)
	Buria			Lorraine Ma	us.	Woodlawn, Md.	
	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	S SIGNAT	Villians, M.	25 FUNERAL DIRE	ichnes + St	w ballo
	VS UBO	<b>FO</b>	1 2	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1	/	and mid.
IIJ	UL'3 19	20			A A X Y	}	1412



	phédical Examiners case	
126	Felenged to HASIRITA BALTIMORE C	TTY HEALTH DEPARTMENT 50 6646
The	BIRTH NO. 50 66 6 CERTIF	ICATE OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print)	arles E. Luger 2. DATE OF DEATH 1) ALAN 36.105 A
supplied.	3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. STATE B. COUNTY before admission)
[ns	B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR	address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give
fully ly.	INSTITUTION JOINS ROPKINS HOSPITE.	(If outside corporate limits, write RCLEAL and give township)
	3	Yrs. D. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore	Days Joseph Way
should be	male White Smale	7/6/1944 5 10/24
NDING information shoulds of death clearly s	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
r natic	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
orn de	15. WAS DECEASED EVER IN U, S. ARMED FORCES? (16, SOCIAL	Mabel Rigney
BINDIN of infor	(Yes, no or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT ADDRESS HOSPITAL
	6/17.0	AUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Drowning, Accidental
	(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	))/(242/1124
RESERVED INK. Ever	ANTECEDENT CAUSES	CEPTIFICATION APPROVED DO
EESE INK.	DISEASES OR CONDITIONS, IF ANY, GIVING	Dr. m. G. Helfrich
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Flowley K. Duncochen 40
GIN	(C)	CHOSE-OR ASST. MEDICAL EXAMINED
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON-	
Phy M	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
E Ind	194. DATE OF OPERATION 198. MAJOR FINDINGS	
ILY, WITH	21A. ACCIDENT WAS UNDER. 218. PLACE OF INJUR	YES NO YES NO YES NO YES NO YES NO YES NO NO YES NO
Y, 1por	LYING OR CONTRIBUTING   about home, farm, factory, street,	office bldg., etc.) INJURY OCCUR?  HERRING RUN - 435 Rod manlbus
NLY	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY	
	July 30 1950 6pm WHILE AT WORK	ACCIDENTAL ANDWORMS.
Tespec	22. I hereby certify that I attended the deceased from	
EIT s es	deceased alive on	th occurred at, from the causes and on the date stated above.
WRIT	Muane - Penul	M. D. JOHNS HOPKINS HOSPITZI 7-30-58
SE W	TIAM DEMOVAL (Specifical	CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEASE correct ag	DATE RECEIVED BY   REGISTRAR'S SIGNATURE	Kill Ohio  1 25. FUNERAL DIRECTOR ADDRESS
Id cor	LOCAL REGISTRAR	MUM WM Cook Sue 1219 St P. l. st
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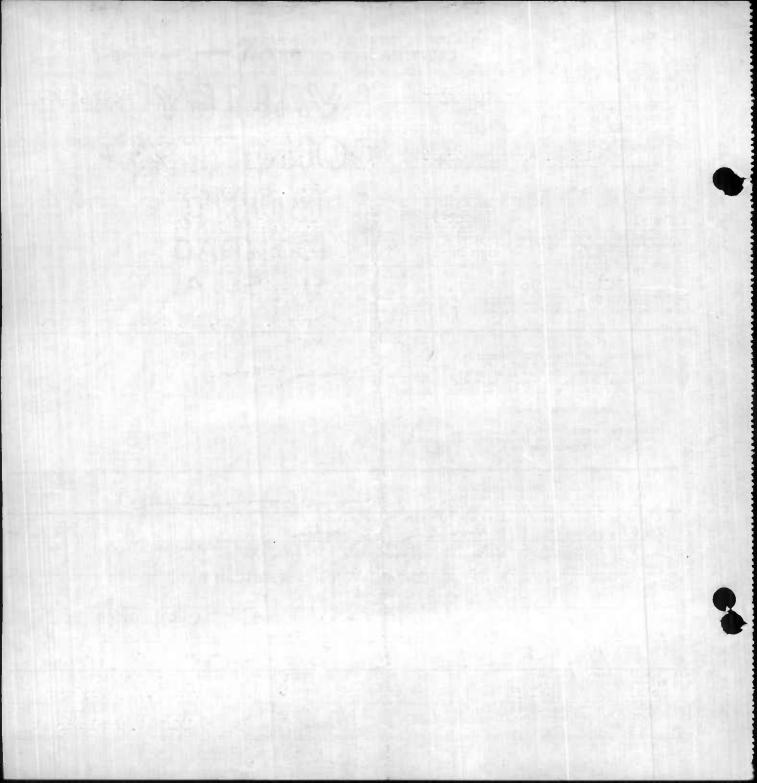
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Nora Lee Davis OF July 29 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, Nite RURAL and give INSTITUTION 15. E. Hamburg Street Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. 15 E. Hamburg Street c. Length of stay in Baltimore Days 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under I Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. female white Mar. 25, 1886 larried IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? own home Maryland nousewile 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Talbott Burke Mary Britman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) , 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. George W. Davis, 15 E. Hamburg Street INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. (C) .. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF **OPERATION** 4 U 21B. PLACE OF INJURY (6 g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from F.L. 23. , 29, 1950, that I last saw the \_, 19Y 1, to\_\_ . 1950 and that death occurred at 10:10 A.m., from the Auses and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 7/29 6319 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24c. LOCATION (City, town, or county) 24B. DATE burial Moreland Park Parkville.

25. FUNERAL DIRECTOR

Maryland

ADDRESS

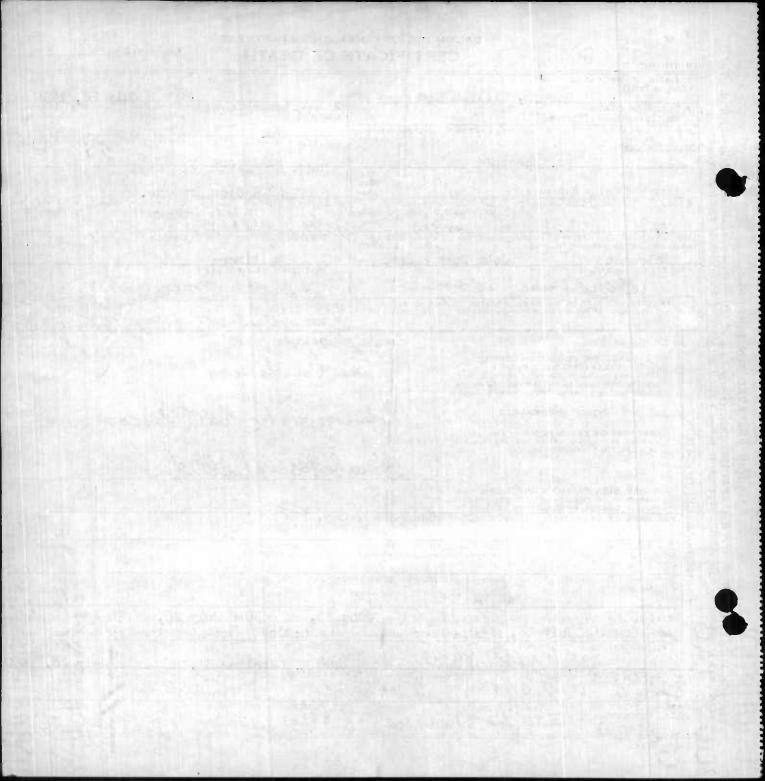
1217 St. Paul Street



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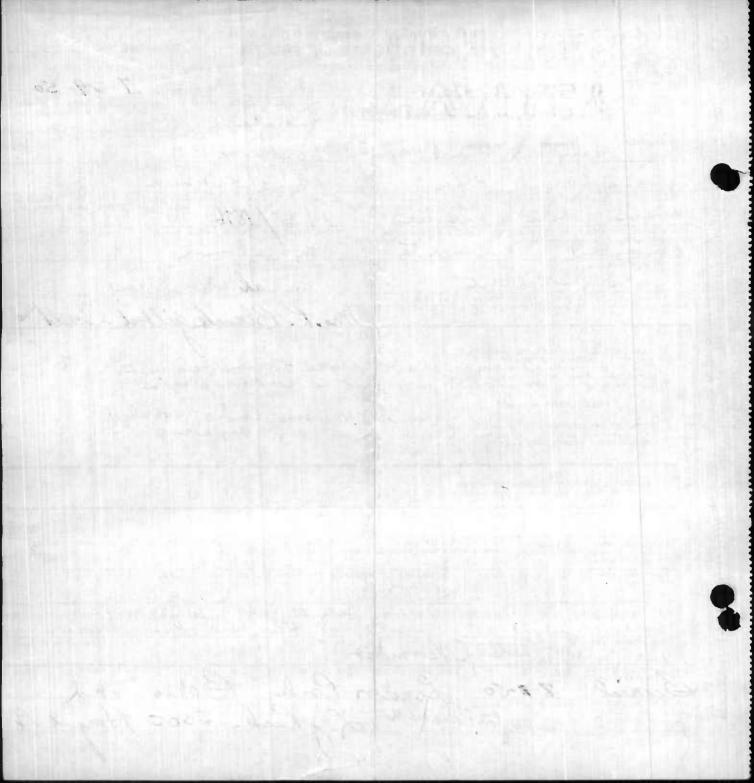
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF Hooper. William Elmer DEATH July 28 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR township) Baltimore St. Joseph's p. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 1205 Gien Arm Ave. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) H Under 24 Hours 8. DATE OF BIRTH 9. AGE (In years) lasp birthday) Months Days Hours Min. Married 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Salesman John Duer & Sons Baltimore 15. WAS DECEASED WAR IN U. S. ARMED FORCES? Yes. no or nnknown) Tyes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO NTERVAL BETWEEN 18. 760X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE WORK 22. I hereby certify that I attended the deceased from June 26, 1950to July 28, 1950 that I last saw the deceased alive on July 28. 1950, and that death occurred at 6:00pm., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 11:00 N. Caroline St. 24A, BURIAL, CREMA-TION REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) unil DATE RECEIVED BY REGISTRAR'S SIGNATURE 5. FUNTERAL DIRECTOR LOCAL REGISTRAR



	/	CERTIFICATE CORRECTED 8-7-50
M-	1	BALTIMORE CITY HEALTH DEPARTMENT 50 6650  CERTIFICATE OF DEATH  Registered No
The	1.	IRIA NO.
		NAME OF DECEASED CHARLES WAR NICK 2. DATE OF DEATH PLACE OF DEATH:    4. USUAL RESIDENCE (Where deceased lived, If inditution; residence)
supplied.	A. B.	FULL NAME OF (If not in hospital or institution, give street address or
hilly su	II.	OSPITAL OR UNION MEMORIAL HOSPITAL  C. CITY OR TOWN (If outside corporate limit, we the RUM) to wiship)
egibly.	1	Yrs. D. STREET ADDRESS (A rural, gire location)
d d	-	Length of stay in Baltimore  Days    Color or RACE   7. SINGLE, MARRIED   8. DATE OF BIRTH   9. AGE on years   16 Under 24 Hours   16 Under 24 Hou
ld	10	NA LIGHT OF CHARTON (Charted 10 kinds of planting op 11 BIRTHDI ACE (State of foreign country)
9		HATHER'S MAME AND THER'S MAIDEN NAME
NG rmatic death		Sasles & Warnerika Uma M. Evans.
Din	15 (Ye	S. WAS DECEASED EVER IN U. S. RMED FORCES?  16. SOCIAL SECURITY NO.  705-0-8042
of of ises		18. E 967X
FOR item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) STAB WOUND OF CHEST
Every ite		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO
9.67	z	ANTECEDENT CAUSES  (B)
	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)
MARGIN INFADING hysicians:	IFIC/	OTHER SIGNIFICANT CONDITIONS CON-
MA NF hys	ERT	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
H	A.L. C	19a. Date of OPERATION   19a. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?
LY, WITH inportant.	DIC	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UNDERLYING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  1919  Lance (If in Baltimore City, give exact location)  INJURY OCCUR?
LY, imp	ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW. DID INJURY OCCUR?  OF INJURY July 29, 1958 9 P. WHILE AT NOT WHILE TO Fight a Well Hawkins
ia in		22. I certify that I took charge of the remains described above, held an
TECS		Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
RI		23a. SIGNATURE    23b. CHIEF MEDICAL EXAMINER
ASE ct ag	2.	4A. BURIAL. CREMA- 24B. WATE 24C. NAME OF CEMETERY OR CREMATORY 24B. LOCATION (City, town, or county) (State)
PLEASE W	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE 29. FUNERAL DIRECTOR ADDRESS BALLS
	#	11 3 1 1950   rentington Milliante, mile of Millian V St.
	I	5-151 N-875. 2 97041 , Du N. N- 167

G.	L	\$16 6651 BALTIMORE CITY HEALTH DEPARTME CERTIFICATE OF DEATH	ENT \ 50 66 Registered No.	551
d. T	1. (T	NAME OF DECEASED (Type or Print) Walter R. Hilast	2. DATE OF DEATH 7-	29-50
fully supplied. ly.	B. H	PLACE OF DEATH: Baltimore City, Maryland Manyland Hundle Hopt J  A. USUAL RESIDENCE A. STATE  FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION  C. CITY OR TOWN  The street address or location of the st	(If outside corporate limits,	before admission
fr	5	Length of stay in Baltimore  A Yrs. D. STREET ADDRESS Mos. Days	(If rural, give location)	5300
ld be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)		nder I Year If Under 24 Hours the Days Hours Min
tion should be	wor!	Corporates most of gorking tife, even if retired) Corporates moustry	e or foreign country)	2. CITIZEN OF WHAT COUNTRY
IDING information of death cl	15	Calvin Sil bert Sarah	" Griffan	
R BINDIN	(Ye	(If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	uch ailkest.	Smith &
FOR ry item the car		OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO DEATH  CAUSE OF DEATH  (A)  OUT VOLUMBLE THE OF DEATH  OUT VOLUMBLE THE OF DEATH  OUT VOLUMBLE THE OF DEATH	Nosio unte	NTERVAL BETWEEN
RESER INK.	ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) APPLICATION CO.  (C)	Sis-Vascular	
MARGIN UNFADINC Physicians:	CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
rrH nt.	AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
LY, WITE important.	MEDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  LYING OF DEATH  21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)  INJURY OCCUR?	(If in Baltimore City, given	ve exact location)
NI.	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID IN.  WHILE AT NOT WHILE AT WORK AT WORK	JURY OCCUR?	
WRIT.		deceased alive on July 29, 1950, and that death occurred at 45 m., from 23A. SIGNATURE  Little Colored	on the causes and on the	that I last saw the date stated above
PLEASE WRIT	24 TIS	Sured 8-150 Loudon Park	AD. LOSATION (City, town, o	r county) (State)
PLE	DI	ATÉ RÉCEIVED BY REGISTRAR'S SIGNATURE  11 3 1 1950 REGISTRAR'S SIGNATURE  25. FUNERAL DIRECT	5305 /H	sufre A
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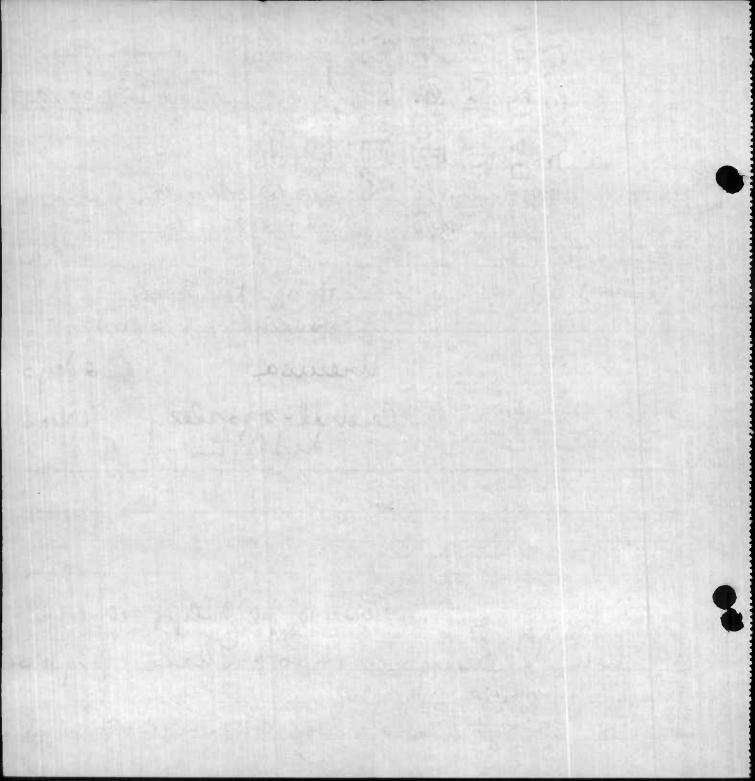
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	PLEASE WRITE I LY, WITH UNFADING INK. Every item of information should be defended by the contract of the cont	correct age is especially important. Physicians: please write the causes of death clearly and legibli
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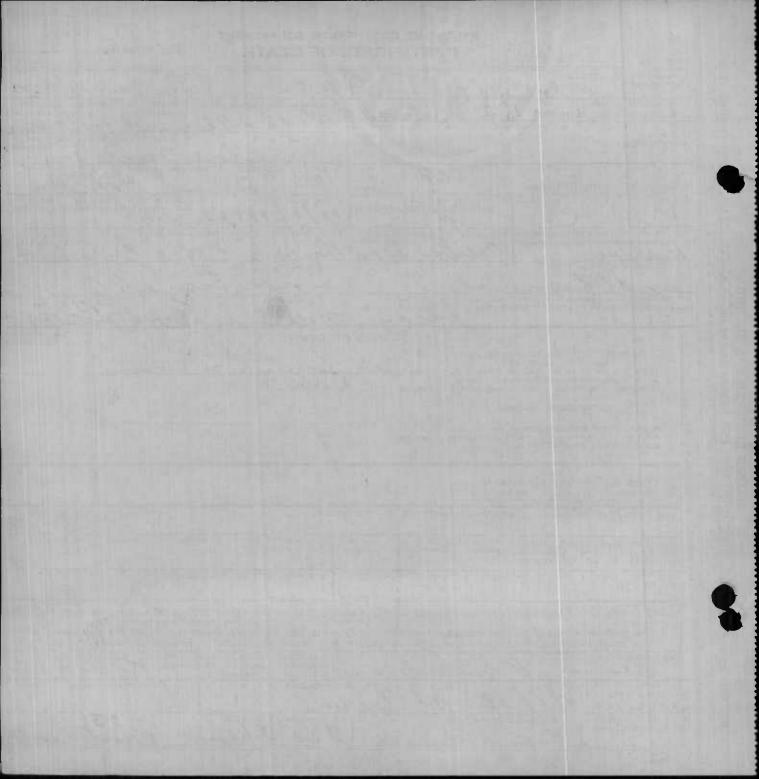
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					CERTIF	FICATI	E OF DEAT	H	Registe	ered No.		
=	BIRTH NO.											
	1. NAME OF D (Type or Print)	DECEASE	Loui	is H.	Pee	tz			2. DATE OF DEATH	July	28,19	750
	3. PLACE OF C	City, M					4. USUAL RESID	ENCE (Wh	nere deceased li B. COUN			sidence admission
	B. FULL NAME HOSPITAL OR	OF ()	If not in bospi	tal or instituti	ion, give stree	t address or location)	1110			77	7	
	INSTITUTION	/	- 11		1	, location,	C. CITY OR TOWN	N (lf o	utside corpora	Zimits (	riteRURA	L and give township
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1	c. Length of				Fe	Days	2604 E	=. HO	FFMA	N	5t.	
	5. SEX	6.COL	OR OR RACE	7. SINGLE	E, MARRIED,	ED (Specify)	8. DATE OF BIRT	Н	9. AGE (In ye last hirthda			Under 24 Hours
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	13. FATHER'S			modification of	77011	01/2	14. MOTHER'S MA	AIDEN NAI	ME	,	0. 0. 7	
	Andrew	11 E	Don't	-			Maduis	Duna		Lan	CON	
K	15. WAS DECEAS	ED FVER	IN II S ARME	D FORCES?	16. SOCIA	1	neaw19	VYOT	nmec	Rau	36/	- 44 5
	(Yes, uo or uuknown)	(If yes	, give war or dat	es of service)		RITY NO.	17. INFORMANT	0	1 /	-	RESS 26	046
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	Z 21D. TIME	(Month)	(Day) (Year	(Hour)	21E. INJURY	OCCURR	ED 21F. HOW DIE	D INJURY	OCCUR?			
	OF INJURY			,	WHILE AT	NOT WHILE						
				m.	WORK	AT WORK		**	1 70	D		
	22. I herel	by certi	fy that I at	tended the	deceased f	rom	10, 195	, to		1950, t		
	deceased a	ilive on	July 2	7, 1950	and that de		red at 11 30 Am	., from th	e causes and			
	23A. SIGNA	TURE	1.1	10		2	3B. ADDRESS	P	40 -	2	23c. DATE	SIGNED
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	24A. BURIAL. TION. REMOVAL (	Specify)	24B. DATE		24c. NAME C	OF CEMETE	RY OR CREMATORY	24b. LO	CATION (City	, town, or	county)	(State)
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	DATE RECEIVE		REGISTRAR	'S SIGNATU	IRE		25. FUNERAL DIE	RECTOR	,	Al	DDRESS	(-18
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	LEASE WRITE A ILY, WITH UNFADING INK. Every item of information should be a fully supplied. The	prect age is especially important. Physicians: please write the causes of death clearly and legibly

TI	5 ) 6	
1 .	BALTIMORE CITY HE	EALTH DEPARTMENT
	50 6653 CERTIFICATI	FOF DEATH Registered No. DODO
B	BIRTH NO.	LOI BLAIT
1	1. NAME OF DECEASED	2. DATE 1 A
(	(Type or Print)	mders DEATH July 29 1957
3	B. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
	Baltimore City, Maryland	A. STATE () B. COUNTY before admissio
	B. FULL NAME OF (If not in hospital or institution, give street address or	mal
	HOSPITAL OR location)	C. CITY OR TOWN (If outside corpo at Limits, write RERAL and gi
	13 Balba +	Ranki 15-01 townshi
-	Yrs.	D. STREET ADDRESS (M rural, give location)
16	O 1 Mas	D. STREET ALDRESS (Wrutal, give location)
	E. Length of stay in Baltimore Days	6/3/2 april 1
5	5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE (In years   H Under I Year   H Under 24 Hou
40	WIDOWED, DIVORCED (Specify)	1 1 71-
10	IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	
WOI	ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTR
	House wife,	A.2.11
1.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
10	B. 1 B	11 4
1	Thereard I year	Henriella largo
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL. (16. oo or uokoown)   (1f yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
		mudering neal 1013 Baken A
	18. TO V CAUSE	
	3 / 7 /	OF DEATH
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- 12	(This does not mean the mode of dying, e.g.,	relition a very
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
	myary or complication which caused death.)	
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MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., cause of Death  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY NOT WHILE AT	PYES NO
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MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in about home, farm, factory, atreet, office bidg., cause of Death 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY MILE AT NOT WHILE	PYES NO
MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER  21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bidg., e. CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  22. I hereby certify that I attended the deceased from deceased alive deputy 1, 19 1. and that death occur 23A. SIGNATURE  24A. BURIAL, CREMA- 10N. REMOVAL (Specify)  AND 24C. NAME OF CEMETE  DATE RECEIVED BY REGISTRAR'S SIGNATURE	PYES NO





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BALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

	50	6655
Registered	No	

B	RIH NO.	
1. (T	NAME OF DECEASED 'ype or Print')	2. DATE
	ARTHUR B. STEARNS	DEATH JULY 29, 1958
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residence a. STATE B. COUNTY before admission)
8.	FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND BALTO.
IN	OSPITAL OR location UNION MEMORIAL HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RVRAL and give township)
1		BALTIMORE LITTO
	Yrs.	o. STREET ADDRESS (If rural, give location)
C	Length of stay in Baltimore 76 Days	4749 PARK HEIGHTS AUE.
	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	
	WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
worl	t done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?
	NSURANCE AGENT - KETRED.	MARYLAND USA.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	GEORGE STEARNS (D)	FRANCES MERRYMAN (D)
15 (Ye	was deceased ever in U. s. armed forces? 16. social service) (If yes, give war or dates of service) Security No.	17. INFORMANT GEORGE H. STGARMS ADDRESS
	NO SECURITINO.	1756 YAKONA RD. TOWSON. 4 MD
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	18. 581,0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
	DISEASE OR CONDITION DIRECTLY	. 0
	(This does not mean the mode of dying, e.g., (A)	sine Castionsestind hemorrhage
	(This does not mean the mode of dying, e.g.,	mu Gustouvesaux rums and
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	myany on complication which caused death.)	
	ANTECEDENT CAUSES	1.01.
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	OTHER SIGNIFICANT CONDITIONS CON-	
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Ü	- 7,730	
EDICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	
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	OF INJURY WHILE AT NOT WHILE	
	m. WORK AT WORK	
	22 I homehy contifer that I attended the designed from TUL	-y 27, 1959 to July 29, 1950, that I last saw the
		red at 5: 10 Pm., from the causes, and on the date stated above.
	23 SIGNATURE 2	38. ADDRESS 23c. DATE SIGNED
	mo. L	lun memorial Hosp 17-27-50
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY   240. LOCATION (City town, or county) (State)
TI	REMOVAL (Specify)	the and 1 0 alt or x10
	BURIA 8-1-50 NEW CA	
D	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
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20. AUTOPSY? (If in Baltimore City, give exact location) thereon and from 23c. DATE SIGNED CONKLING 2432 REISTERStown

before admission)

12. CITIZEN OF

U-S-A.

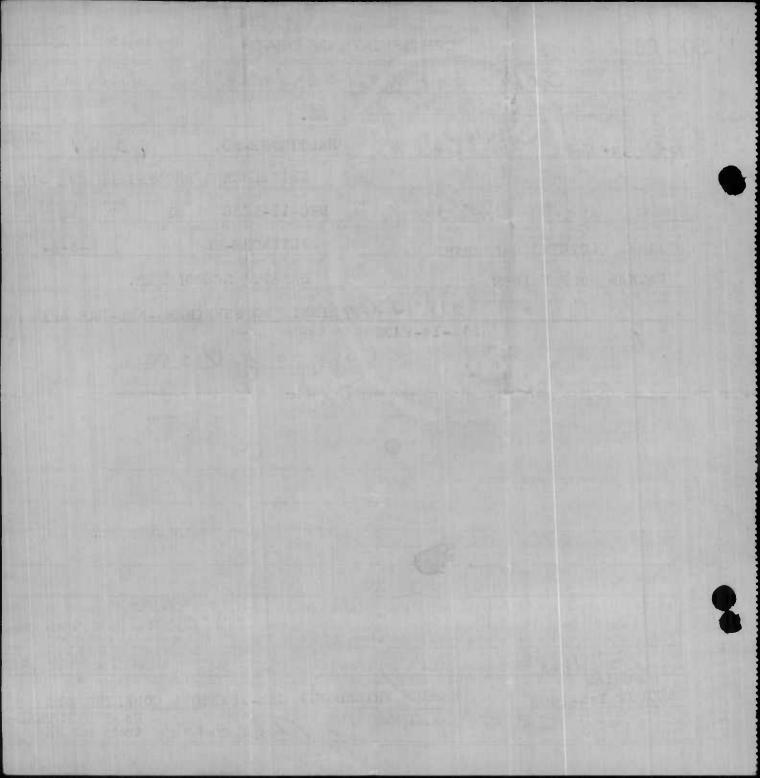
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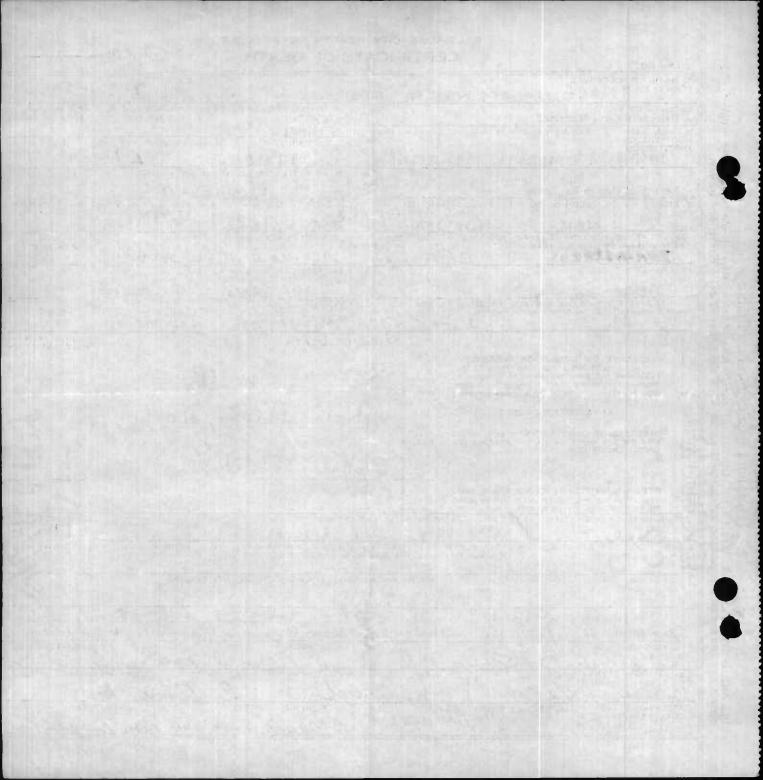
ONSET AND DEATH

township)



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	BI	CERTIFICATI	E OF DEATH Registered No.	
	1. (T	NAME OF DECEASED Spe or Print) MRS FAIXABETH LORETTA EDU	JARDS 2. DATE OF DEATH 7- 30	0-20
	3.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins. A. STATE B. COUNTY	titution : residence before admission
	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		write RURAL and give
	IN	UNION MEMORIAL HOSPITAL	BALTIMORE 27-	township
	4	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
	_	Length of stay in Baltimore Days  SEX [6.COLOR OR RACE] 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) II Und	
		F WHITE WIDOWED (Specify)	Sept 6 1882 61	Bays Hours Min.
	work	A. USUAL OCCUPATION (Give kind of Logarduring most of work lng life, even lf retired)  INDUSTRY		WHAT COUNTRY
	13	STAMSTRESS   Clothing (M)	14. MOTHER'S MAIDEN NAME	J. S. 17.
	J	AMES KELLY	MARGARET CALLAHAN	
	(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  SECURITY NO.  16. SOCIAL  SECURITY NO.  216-05-1577A	MRS. ELIZABETH L. SCHINDHELM	RESS SAME AS
		18. 760 X CAUSE	OF DEATH	INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	casus las Calt	
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	z	ANTECEDENT CAUSES	eriosclerosis, diabetic	
	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	,	
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	RT	OTHER SIGNIFICANT CONDITIONS CON-		
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	PATION	20. AUTOPSY?
	AL	7/10/50 GANGRENE STUMP	LEFT LEG.	YES NO
	EDIC	21A. ACCIDENT, SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., i. about home, farm, factory, street, office hidg.,	n or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	e exact location)
	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR OF INJURY WHILE AT NOT WHILE		
		m.   WORK   AT WORK	4	
		22. I hereby certify that I attended the deceased from deceased alive on 130, 1950, and that death occur	rred at Rice p.m., from the causes and on the	that I last saw the date stated above
				23c. DATE SIGNED
0	24	4A. BURTAL CREMA 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION/(City, town, or	county) (State)
	TIC	burial 8/2/1950 Cothed	ral Boltimore, 12	ed
		ATE RECEIVED BY REGISTRAR'S SIGNATURE	Lo. COM M CEMMEN, 4618 Park 1	Leight Que
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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egistered	No.	(7()()1)

BIRTI	H NO.						
	ME OF D or Print)		herine	E. Ochs,		2. DATE OF DEATH Jul	y 27, 1950
	ACE OF D	EATH: City, Maryland			A. STATE	NCE (Where deceased lived,	
HOSP	TUTION			ion, give street address or location)	c, CITY OR TOWN	-1	mits, write HURAL and give
0	0	3133 Virg	inia A		Baltimo		/ / S township)
		tay in Baltimore		life Yrs. Mos. Days		ss (If rural, give location)	
5. SE		6. COLOR OR RACE	7. SINGL	E. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
fem		white	sing		Dec. 13, 1902		
rork don	e during most o	CUPATION (Give kind of if working life, even if retired)		O OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FA	THER'S N		2.0	110110	14. MOTHER'S MA		Cepene
		John George				h C. Wills,	
15. W.	or nuknown)	D EVER IN U.S. ARME! (If yee, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
n					Mrs. Elizabeth	C.Ochs, 3133 Vi	rginia Ave
CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO T UNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEA inot mean the mode or, asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION L/ GIGNIFICANT CONDITION STO THE DEATH, BUT SESASE OR CONDITION	TH  of dying, e.: uns the disease caused death  SES  F ANY, GIVII STATING TI  AST.  ITIONS COI NOT RELAT	(8)		ets Comorulo)	ONSET AND DEATH
				FINDINGS OF OPER	RATION		20. AUTOPSY?
<u> </u>							YES NO
MEDICA 121 HC	A. ACCIDE DMICIDE	NT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,			y, give exact location)
21	O. TIME (	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
23		ive on July, 2	ended the	deceased from ful	y /# , 1950 pred a <b>ll:</b> 55Pen., 238. ADDRESS 4803 Park H	to July 27, 19 from the causes and on leights Ave.	the date stated above.  23c. DATE SIGNED  July 29, 1950
	burial	July,31,		Cathedral	2 FUNEDAL DIS	Baltimore, Md.	ADDRESS
	RECEIVE L REGIST		S SIGNATU	JRE	25. FUNERAL DIRE	Mon 4611 Park	
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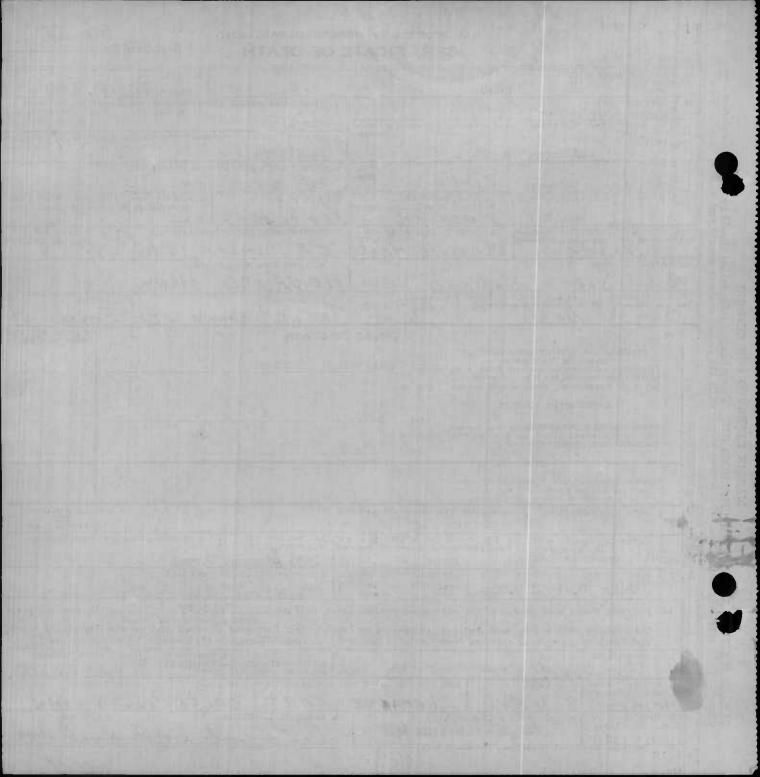
12, CITIZEN OF WHAT COUNTRY M.S.A. ADDRESS ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) . 19 50 that I last saw the 23c. DATE SIGNED LOCATION (City, town, or county) ADDRESS

before admission)

If Under 24 Hours

If Under 1 Year

Alex School 



ВІ	5( rth NO.	6662		TE OF DEATH Registe	ered No
	NAME OF D		. Kilroy	2. DATE OF DEATH	July 29, 1950
A.		City, Maryland		4. USUAL RESIDENCE (Where deceased line. STATE B. COUN	ved. If institution : residence
HC	FULL NAME DSPITAL OR STITUTION	2621 Mar	al or institution, give street address of location with the location with the location of the location with the location of th		e limits, write RURAL and giv township
c.	Length of s	tay in Baltimore	66 yrs Yrs. Mos. Days		2-06
5.	sex emale	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif Single	8. DATE OF BIRTH 9. AGE (in ye	ars If Under 1 Year   H Under 24 Hours y) Months Days Hours Min
work	none none	CUPATION (Give kind of of working life, even if retired)		II. BIRTHPLACE (State or foreign country) Clinton, Iowa	12. CITIZEN OF WHAT COUNTRY
	Martin K			14. MOTHER'S MAIDEN NAME Margaret Norton	
15. (Yes,	WAS DECEASE, no or uoknown)	ED EVER IN U. S. ARMED (If yes, give war or dated	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Katherine M. Kilroy, 2621	ADDRESS Maryland Ave.
ICATION	heart failu injury or DISEASES RISE TO T	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA	of dying, e.g., (A)	rebiol thiculous nuolized arterioich	unis 2 years
CERTIFI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED		
CAL	19A. DATE O	OF OPERATION 1	98, MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
1EDIC		ENT WAS UNDER. R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e.g., about home, farm, factory, etreet, office bldg	io or 21c. WHERE DID (If in Baltimore ,etc.) INJURY OCCUR?	City, give exact location)
2	21D. TIME (OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCUR  WHILE AT NOT WHILE  M. WORK AT WORK	E	
	deceased of	TURE A LAB. DATE	ended the deceased from , 1950, and that death occ	rred at 3 pm., from the causes and 23B. ADDRESS 2706 St Paul N	19 <b>TO</b> , that I last saw the on the date stated above 23c, DATE SIGNED 1/3/58 town, or county) (State,
110	N. REMOVAL (S	pecity)		Politimono Wa	3

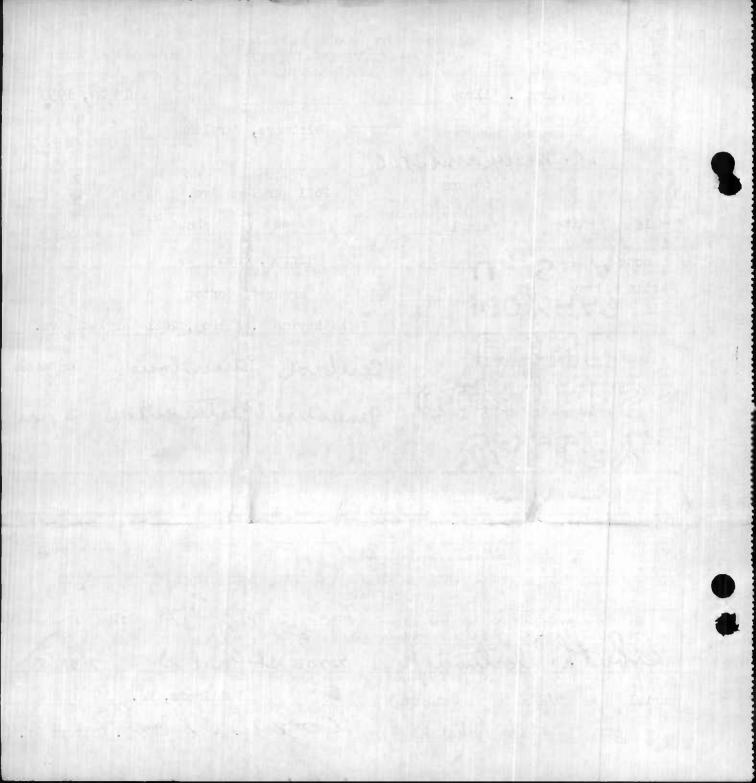
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

ADDRESS

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25. FUNERAL DIRECTOR W Mears & Son 805



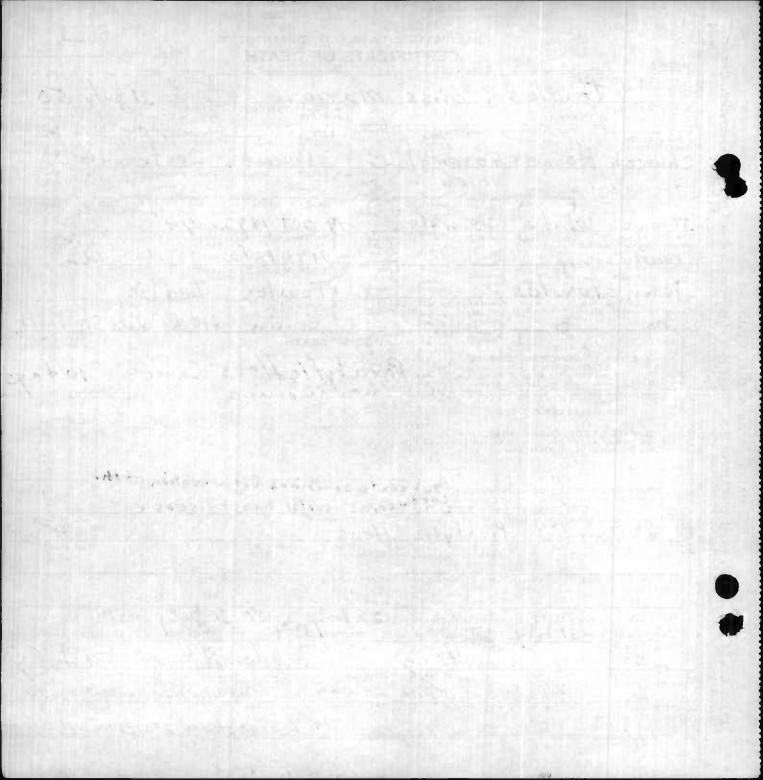
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	EASE WRIT	rect age is especially
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The T	H	20 RTH NO. 50 6663	BALTIMORE CITY HEALTH DEPARTMENT OF DEAT	
ation should be an ly supplied.	3. A. B. H. I.N. C. 5. 4	PLACE OF DECEASED  PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospit DESPITAL OR ISTITUTION  Length of stay in Baltimore  SEX 6. COLOR OR RACE  Might Consequence of the consequence	A. STATE  Illocation)  A. STATE  ILLOCATION  A. STATE  ILLOCATION  C. CITYOR TOWN  C. CITYOR TOWN  O. STREET ADDR  Mos.  Days  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  SINGLE MARRIED, WIDOWED, DIVORCED (Specify)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE  VITY 11.	Bertrand (Potwnship) (If rural, give location)
FOR BIN y item of the causes	(Ye	WAS DECEASED EVER IN U. S. ARME (If yes, give war or date no not not not not not not not not not	CAUSE OF DEATH DIRECTLY TH of dying, e. g., uns the disease, uns the disease,	cus Cause 10 days
MARGIN RESEJ H UNFADING INK. Physicians: please	ICAL CERTIFICATION	19a, DATE OF OPERATION 1 2 7 July 50 21a, ACCIDENT, SUICIDE,	ITIONS CON- SUL A CUTE COM DIN CON NOT RELATED COM TEN COM NOT RELATED COM TEN COM NOT RELATED COM TEN COM NOT RELATED COM NOT	20. AUTOPSY? YES NO DID (If in Baltimore City, give exact location)
PLEASE WRITT LA Y, WITH correct age is especially important.	7	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	about home, farm, factory, street, office bldg., etc.)  (Hour)  21E. INJURY OCCURRED  21F. HOW DID  while at NOT WHILE AT WORK  tended the deceased from 22 feel at 32 fm  23E. ADDRESS  24C. NAME OF CEMETERY OR CREMATORY  S SIGNATURE  25. FUNERAL DID  25. FUNERAL DID  25. FUNERAL DID  25. FUNERAL DID  26. Page 16. Pag	Pto 31 July , 195 Pthat I last saw the infrom the causes and on the date stated above.  23c. DAJE SICHED 31 PT 24D. LOCATION (City, town, of county) (SIZE)  BROOK VALE (LANCASTOR) VA

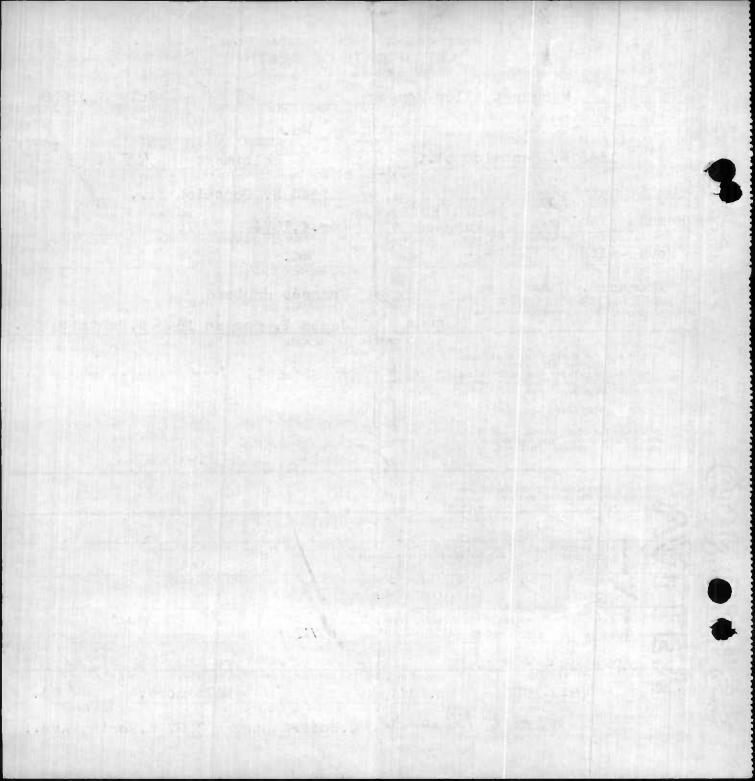
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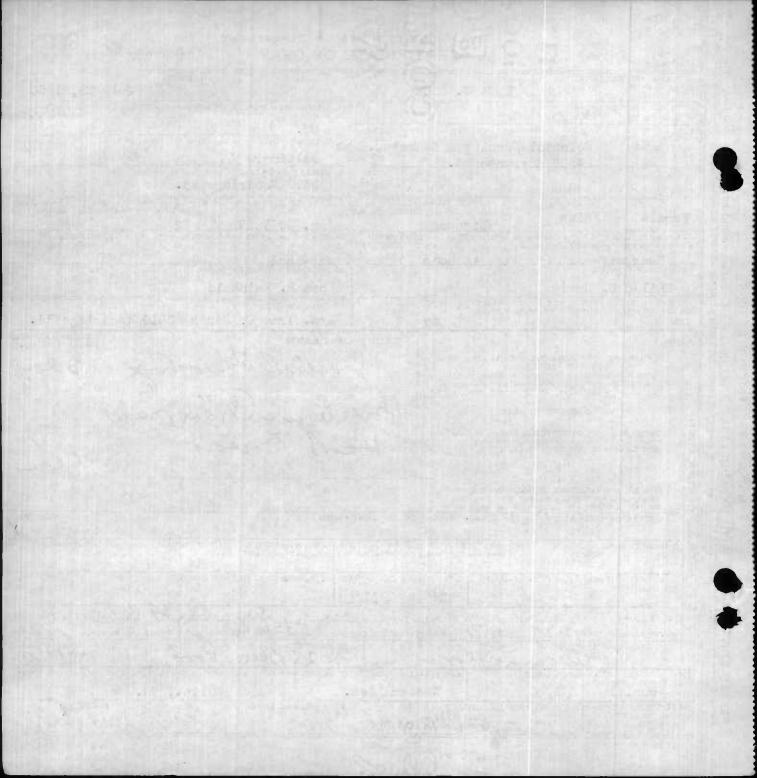
W		62-	6664	В		EALTH DEPARTMEN	NT 50 Registered N	6664
ed. The	1. NAME OF DECEASED (Type or Print)  Margaret Ellen Morgan				llen Morgan		2. DATE OF DEATH JULY	30.1950
supplied.	3. A.	Baltimore	City, Maryland			A. STATE	(Where deceased lived, If is	
uly su	H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in ho		tution, give street address o location		(If outside corporate limits,	Annual Link
	0		2010 110 2	<u> </u>	72-4rs.	D. STREET ADDRESS		00
Ieg			stay in Baltimor		Mos. Days	1643 N. Ber	ntalou St.,	
should be	I	sex Pemale	White	M	GLE, MARRIED, OWED, DIVORCED (Specify <b>arried</b>	Apr.4,1874	9. AGE (In years last birthday) Mon	nder Year If Under 24 Hours ths: Days Hours Min.
	10 work	HOUS 6 -1	CUPATION (Give kin of working life, even if reti WII 6	dof 10s, KI	ND OF BUSINESS OR INDUSTR	Md.	or foreign country)	2. CITIZEN OF WHAT COUNTRY?
th	13	FATHER'S				14. MOTHER'S MAIDEN	NAME	
dea			s E. Rhea			Frances Hubbs	ard	
t info	1.5 (Yes	o, mo or unknown)	ED EVER IN U.S. AR (If yee, give war or	MED FORCES	16. SOCIAL SECURITY NO. NON 6	17. INFORMANT		ntalou St.
Every item of information write the causes of death cle		DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH  (A)  COLORIDAD  (A)  COLORIDAD  (A)  (B)  COLORIDAD  (A)  (B)  COLORIDAD  (B)  COLORIDAD  (B)  COLORIDAD  (CAUSE OF DEATH  (D)  COLORIDAD  (A)  (B)  COLORIDAD  (B)  COLORIDAD  (CAUSE OF DEATH  (D)  COLORIDAD  (CAUSE OF DEATH  (CAU						
UNFADING INK. Physicians: please	ANTECEDENT CAUSE Z DISEASES OR CONDITIONS, IF, RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST				VING THE DUE TO S  (C)	ile men	tal deliliona	lusen !
Physicia	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
-	7	19A. DATE C	OF OPERATION	19B. MAJ	OR FINDINGS OF OPE	RATION		20. AUTOPSY?
mportant.	EDICA		DENT WAS UNDER R CONTRIBUTING DEATH		PLACE OF INJURY (e. g., me, farm, factory, street, office bldg.	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, gi	YES NO VE exact location)
a mpo	Σ		(Month) (Day) (Yo	ear) (Hour)	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		URY OCCUR?	
ge is e eci		deceased a	live on 7/3			7 7 , 1960, to rred at 120 P. m., from 23B. ADDRESS	1/30, 1900, m the causes and on the	that I last saw the date stated above.  23c. DATE SIGNED
age W	24	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B, DAT		24c. NAME OF CEMETI	ERY OR CREMATORY 240	D. LOCATION (City, town, o	
rlease correct ag	_	Burial	8-2-1		Mt. Olivet	1	Baltimore,	Md.
COL		ATE RECEIVE DCAL REGIST		R'S SIGNA	B/// 11 1/ 1/ 1/ 1/20	25. FUNERAL DIRECTO		th Ave.,
		VS 150	,,,,	14	a lagua ha ng kalanda kin iging dakandi	S. S. S. S.		94a

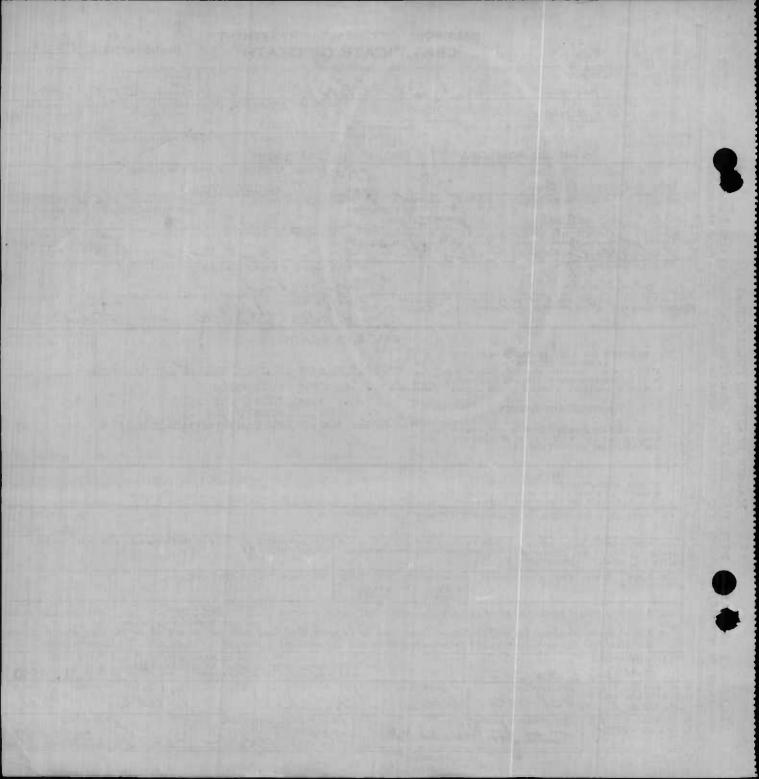


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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	NAME OF DECEASED ype or Print)	EMMA G. BECK		2. DATE OF DEATH	July 29, 1950
	PLACE OF DEATH: Baltimore City, Maryland	The Allert Aller	4. USUAL RESIDENCE A. STATE		red. If institution: residence TY before admission)
H	SPITAL OR Colonial I	al or institution, give street address or location.  Nursing & Convales. He	Md. c. CITY OR TOWN ( Baltimore	If outside corporat	e lighits, write RURAL and give township)
10	4506 Sor	rento Rd. Yrs.	D. STREET ADDRESS		on)
c.	Length of stay in Baltimore	Mos. Days	3810 Woodrid	ige Rd.	
-	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In year	ars       Under   Year       Under 24 Hours y)     Months   Days     Hours   Min.
F	'emale White	Widowed (Specify)	Aug. 6. 1887	62	y) Months: Days Hours Will.
	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY
13	Housewife FATHER'S NAME	At Home	Maryland 14. MOTHER'S MAIDEN	NIAME	
'					
15	Philip L. Brady  5. WAS DECEASED EVER IN U. S. ARME	D FORESCO L 15 GOGIA	Rosa F. Reinho	ra	
(Ye	s, no or unknown) (II yet, give war or date	SECURITY NO.	17. INFORMANT	7030	ADDRESS
n	0	no	Mrs. Irma E. J	ones 3810	Woodridge Rd.
7	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It means injury or complication which ANTECEDENT CAU	DIRECTLY ITH of dying, e. g., ans the disease, caused death.) OUE TO	Parlial /de	rdivon	alay
RTIFICATION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	STATING THE OUE TO	ent Due	ou	year-
111	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATEO			0
0		198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
CAL				M. 1365a4.1F	YES NO
MEDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore	City, give exact location)
-	21D. TIME (Month) (Day) (Year OF INJURY	) (Hour) 21E, INJURY OCCURF  WHILE AT NOT WHILE  MORK AT WORK		RY OCCUR?	
The state of the s	22. I hereby certify that I at deceased alive on 7.29	tended the deceased from 1950, and that death occur	on 1950, to urred at 53 fr., from	the causes and	19 Q that I last saw the on the date stated above
	23A. SIGNATURE Chom	L- yearny M.O.	3025 Below	Rord	7-3/50
2 TI	4A. BURIAL. CREMA- 24B. DATE ON, REMOVAL (Specify) Burial 8/1/50	Western Cer		Balto., Md	
D L	ATE RECEIVED BY REGISTRAR AUG 1 1950	tington Williams, MA	25) FUNERAL DIRECTOR	chemer'	Vans Sulta
1	VS 150	· cus ·	V		0- L 11/1/1.





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Every item of information should be	cians: please write the causes of death clearly and legibly
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Ev	Wri
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ADING INK.	cians:

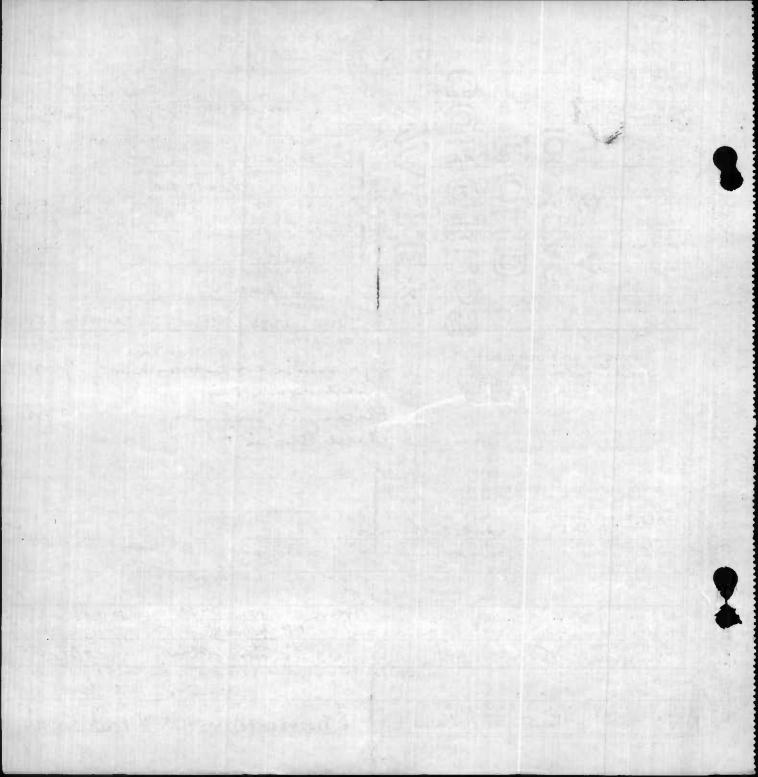
MARGIN RESERVED FOR BINDING PLEASE WRITE Correct age is especially important. Physic

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### BALTIMORE CITY HEALTH DEPARTMENT

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BI	RTH NO.	6667		CERTIFICAT	E OF DEAT	Н	Registered	l No.	
1.	NAME OF D		ah Levi	inson			2. DATE OF DEATH Jul	y 31, 1	950
	PLACE OF D Baltimore (			Manager State Stat	4. USUAL RESIDE	ENCE (W		If institution	
	FULL NAME	OF (If not in hospit	al or institut	tion, give street address o	\				
	STITUTION	2439 Lakevi	OW AND		c. citt ok towk		outside corporate lin	nits, write R	URAL and giv township
7	<u> </u>	rang nakevi	ew Aver	Yrs.	Baltimo		ural give location)	-	×
C	Length of s	tay in Baltimore	10	years Mos.	2432 To		Avenue		
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	н	9. AGE (In years)	Il Under I Year	If Under 24 Hours
]	Female	White	Wide	ved DIVORCED (Specify	Dec. 31, 1	.878	last hirthday)	Months Day	Hours Min.
10 work	A. USUAL OC dopeduring most	CUPATION (Give kind of of working life, even If retired)	108, KINI	O OF BUSINESS OR INDUSTR		State or for	reign country)	12. CITI WHA	ZEN OF
13	. FATHER'S	NAME			Russia 14. MOTHER'S MA	AIDEN NA	ME		
	Jona	as Richman			Ida Aro	noff			
15 (Ve	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
1200	, and or outlier,	(1.51)	. 0. 00. 1.00,	SECURITY NO.	Miss Debora	h Levi	nson 2439	Lakevie	w Avenue
	18. 58	YX.		CAUSE	OF DEATH			INTER	RVAL BETWEEN
	DISEAS	SE OR CONDITION					durene	UNSE	AND DEATH
	(This does	LEADING TO DEA s not mean the mode	of dying, e.	g., (A)	porteus un	orde	oven	en	years
	heart failt injury or	are, asthenia, etc. It mes complication which	ins the disea caused deat	se, h.) DUE TO =	asterosch	com			
	ANTECEDENT CAUSES							21300	
Z	(B) Cholanyths secondary							m	
Ĕ	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Challelluss:							1	
RTIFICATION	UNDERL	TING CONDITION E	451,						
브		н		(C)	***************************************				
CER	TRIBUTIN	GIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION							
١	19A. DATE	OF OPERATION O		FINDINGS OF OPE				20.	AUTOPSY?
CA	01: 400:00			elethiosis		m 1 m (77	the Parists City	YES	
MEDICA	HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg			in Baltimore City	, give exact	location)
2	21b. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	YRULNI	OCCUR?		
В	OT INDORT		m.	WHILE AT NOT WHILL AT WORK					
	22. I hereb	y certify that I at	ended the	deceased from	Jone 195	v to 7	-31	50, that I	last saw th
	deceased a	live on 4/31	_, 19_50	and that death occi	erred at 11/2 m.		e causes and on	the date s	stated above
	23A. SIGNA		_ 2	and 1			place		
2.	A. BURIAL,	CREMA- 24B. DATE		M. D. 24C. NAME OF CEMET	FRY OR CREMATORY	1 24n 10	CATION (City, toy	vn. or county	/
Tio	n Removal (S Buria	Specify)	1950	ATO. NAME OF CEME!	LIT ON ONLINATORY			Virgini	
Di	ATE RECEIVE	D BY   REGISTRAR	S SIGNATI	URE	25. FUNERAL DIR			ADDRE	
AL	16 1 19:	DU Thurste	aton 11	maple, M. E.	J. Levenson	*DIK	V. 1124 W.	north	vexue
	VS 150	MARIN	a water shill	V. T. dell'est Landanie de l'Agia				10	1
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Registered No	CHIRINA

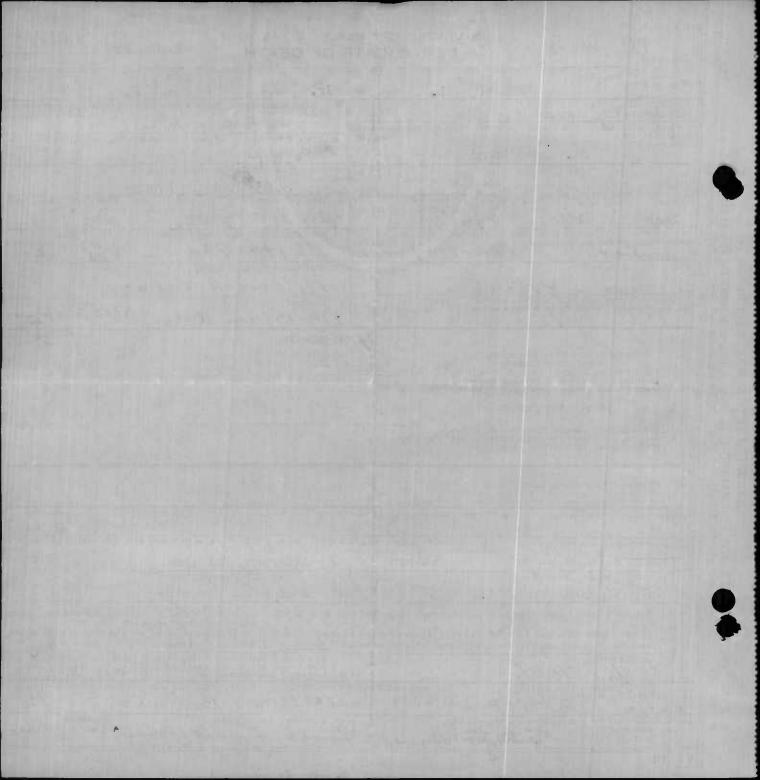
	50 6668 BALTIMORE CITY HE	EALTH DEPARTMENT	faculture						
	BIRTH NO. CERTIFICATI	E OF DEATH Registered No.							
	1. NAME OF DECEASED	2. DATE							
	(Type or Print) ROLAND L. GREEN	Jr. OF DEATH July	31 1950						
	3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If inst	titution : residence						
	A. Baltimore City, Maryland  B. FULL NAME OF Cf not in hospital or institution, give street address or	A. STATE Maryland Howard	before admission						
	HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and giv						
	St. Agnes Hospital	Baltimore 26.	township						
	O O Yrs.	D. STREET ADDRESS (If rural, give location)							
0	c. Length of stay in Baltimore Days	4313 Glenmore Avenue							
	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Und	er i Year   If Under 24 Hours						
	Male White Sing (Specify)	2/23/27   last birthday) Month	s Days Hours Min.						
.	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR		CITIZEN OF						
-	work done during most of working life, even if retired) Janiter Hotel	Balto. Md.	WHAT COUNTRY						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.0.77						
	Roland L. Green Sr.	Mildred R. Rooner							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL		RESS						
	(Yes, no or uuknown) (11 yes, give war or dates of service) SECURITY NO.	Mrs. Lillian aren 4813	Ge la mymany						
	18. F 9298, CAUSE	OF DEATH	INTERVAL BETWEEN						
	DISEASE OR CONDITION DIRECTLY	OI BEATH	ONSET AND DEATH						
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) Drowning								
	heart failure, asthenia, etc. It means the disease,	······································							
H									
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	***************************************							
.	UNDERLYING CONDITION LAST.								
	<u>U</u>								
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)								
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	U 194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?						
	7		YES X NO						
- 11	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., e		exact location)						
	UNDERLYING OR CONTRIB- about home, farm, factory, street, office bldg., e	Alberton, Maryland	6300						
1	≥ 210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE								
.	July 31, 1950 5:00 A an.   WHILE AT   NOT WHILE AT WORK	X Accidental drowning	Market						
	22. I certify that I took charge of the remains described a	bove, held an Autopsy t	thereon and from						
	the cvidence obtained by said Autopsy, Inspection or I	Autopsy, Inspection or Inquiry	dan stated about						
- 11	and death in my opinion resulted from: natural eauses								
	23A. SIGNATURE	ASSISTANT MEDICAL EXAMINER XX + -	DATE SIGNED						
		.D.   MEDICAL INVESTIGATOR							
	24A. BURIAL. CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or	(State)						
-	purial of the	122110.00	/10.						
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AL	YOI Belair						

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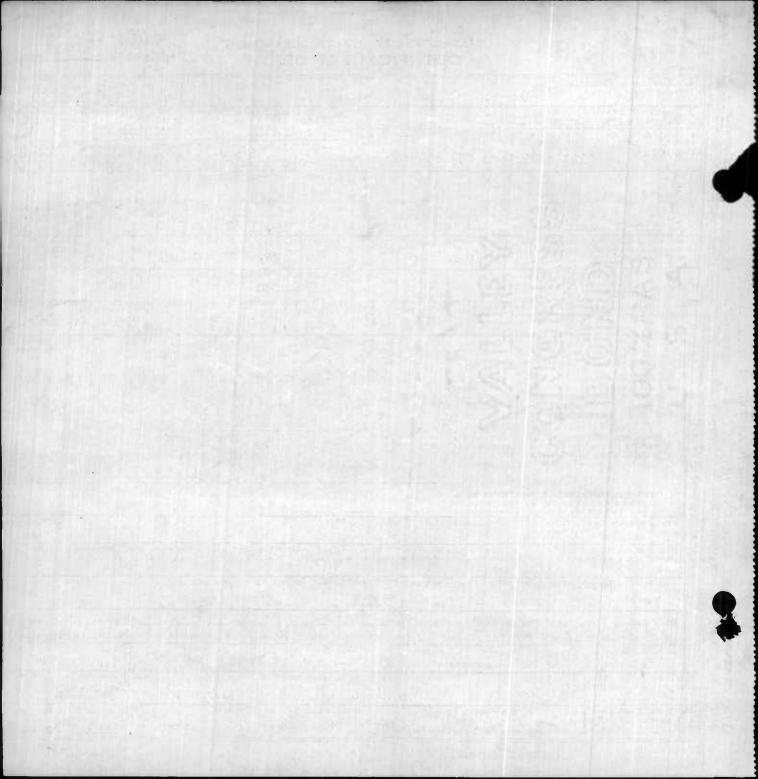
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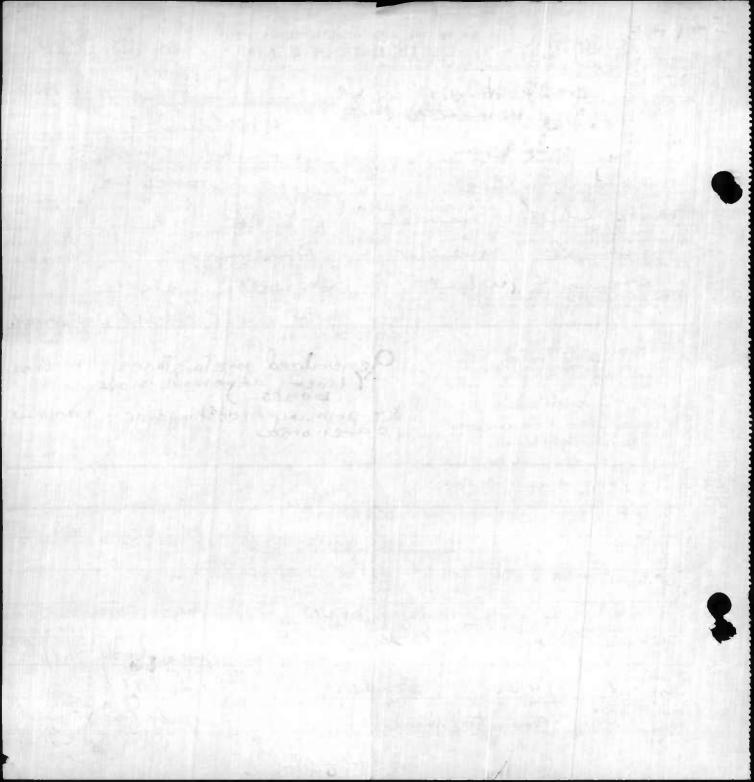
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Helen M. Bridges		2. DATE OF DEATH July 30, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland 12 00 Value of the B. FULL NAME OF (If not in hospital or institution, give street address).	A. STATE	(Where deceased lived. If institution: residence B. COUNTY before admission) Anne Arundel
	ation) c. CITY OR TOWN	(If outside corporate limits, write RURAL and give
Little Sisters of the Poor	Orchard Bes	ch township)
	Yrs. D. STREET ADDRESS	(If rural, give location)
	Mos. Days	5200
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years If Under I Year I I Under 24 Hours
female white widowed	April 19, 186	
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) housewife own home		WILLIAM GOLDS
13. FATHER'S NAME Charles Mullenheim	14. MOTHER'S MAIDER Unknown	NAME
Onarios		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY	No. John E. Bridg	ges, 4250 Nicholas Avenue
112 / 5/ 1	JSE OF DEATH	INTERVAL BETWEEN
100,1	JSE OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		2 L' ,   ,
(This does not mean the mode of dying, e.g., (A)	Darcinong.	10 ther 1 yr.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO		
many or completed with country dealing	V	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING		
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO		
UNDERLYING CONDITION LAST.		
[[ (C)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
₹		YES NO
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY about home, farm, factory, atreet, office	(e. g., in or 21c. WHERE DID 1NJURY OCCUR?	(If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCC	CURRED 21F. HOW DID IN-	URY OCCUR?
OF INJURY	WHILE	
	WORK L	0
22. I hereby certify that I attended the deceased from_	1945, to	July 30, 1950, that I last saw the
deceased alive on Kry 29, 1950, and that death	admirened at 6 10 P. m fro	m the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS	23c. DATE/ SIGNED
Jacob Fisher M.	o. 1823 H. Na	af. lt. 7/31/50
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CE	METERY OR CREMATORY 24	D. LOCATION (City, town, or county) (State)
burial 8/2/50 Meadow R:	idge	Dorsey, Maryland
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECT	
AUG REGISTRATO REGISTRAR'S SIGNATURE	2 Xm. Cook &	c. 1217 St. Paul Street
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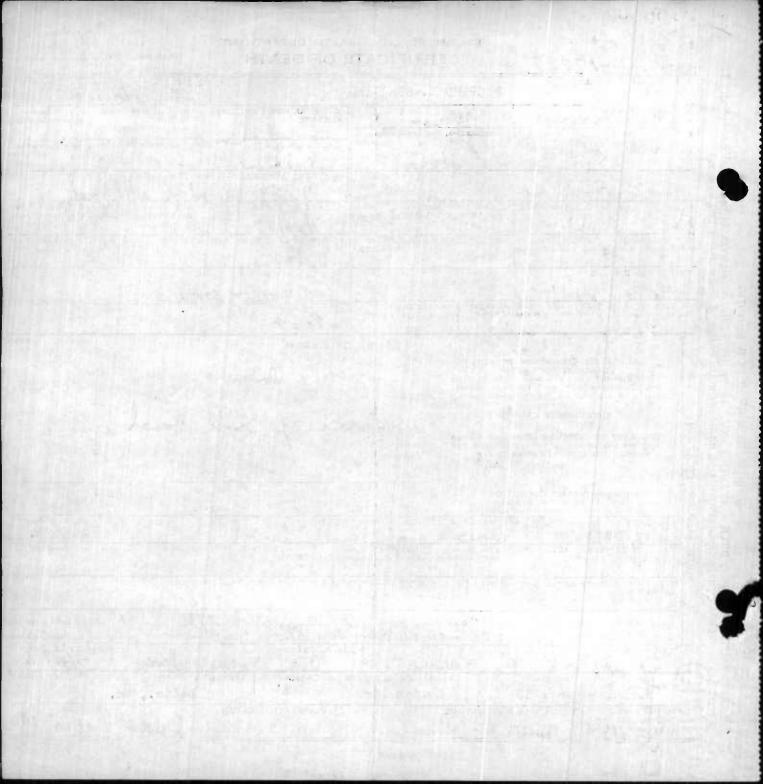
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III NO. C		
50 6671 TH NO. 50-17789	CERTIFICATE OF	D
50 6671	BALTIMORE CITY HEALTH	DI

EPARTMENT Registered No. EATH I. NAME OF DECEASED 2. DATE (Type or Print) RICHARD H. STEDDING OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased live. If in titution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION townshint 54 Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. IOA. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jac Margaret Keeney 15. WAS DECEASED EVER IN U.S. ARMID FORCES? Yes, no or nnknown) (If yee, give war or det) of service) 16. SOCIAL ADDRESS Yes, no or nuknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF 20. AUTOPSYT 19A, DATE OF OPERATION **OPERATION** DICAL 70 If in Baltimore City, give exact location) 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 218. PLACE OF INJUR Y (e. g., in or 2 IC. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT AT WORK WORK 1950, to. , 1920 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on\_ 1915 and that death occurred at. of m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24D. LOCATION (City town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Loudon Park Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR AUG 1 195

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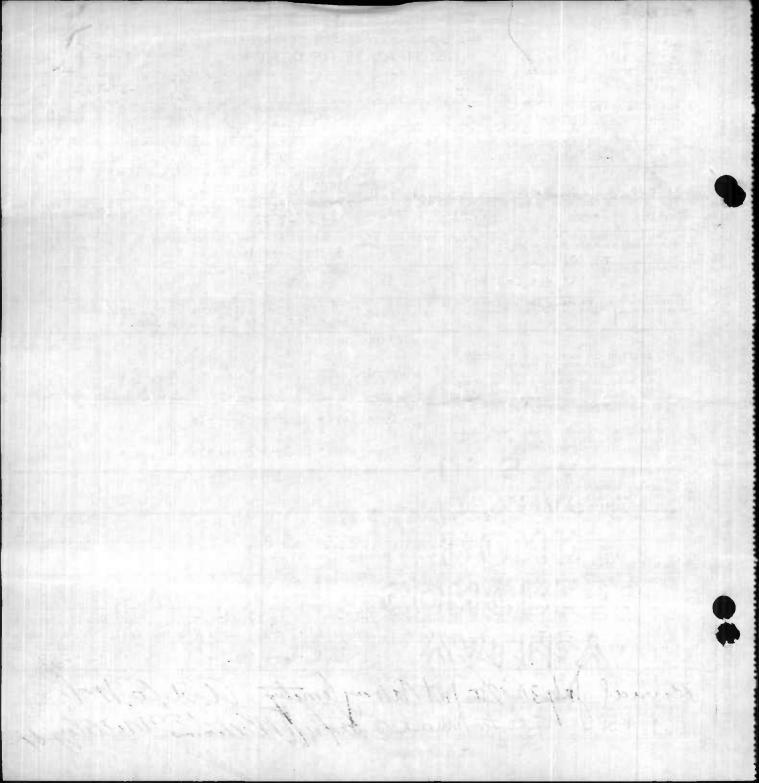


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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.		C	ERTIFICAT	E OF DEATH	- Registered	d No.
1. NAME OF (Type or Print	1	HARLES	MAN	LEY	2. DATE OF DEATH Jul	y 30, 1950
3. PLACE OF A. Baltimore	City, Maryland			A. STATE	NCE (Where deceased lived, B. COUNTY	
B. FULL NAM HOSPITAL OF INSTITUTION	7		give street address or location)	Maryland c. CITY OR TOWN Baltimor	(If outside corporate lin	mits, write RURAL and give
			Yrs. Mos.		SS (lf rural, give location)	
c. Length of	stay in Baltimore 6.COLOR OR RACE	7. SINGLE, N		8. DATE OF BIRTH	tle Avenue	it under i Year   If Under 24 Hours Months: Days   Hours: Min.
Male	Colored DCCUPATION (Give Lind of	ma	PATCLE AL F BUSINESS OR	Upril 27	1929 21 tate or foreign country)	1 12. CITIZEN OF
work done during mo	est of working life, even if retired)	TOS. KIND O	INDUSTRY			WHAT COUNTRY
13. FATHER'S	NAME.	0. 0.		14. MOTHER'S MAI	DEN NAME	0
15. WAS DECEA	ASED EVER IN U. S. ARMEI	D FORCES? 10 s of service)	SECURITY NO.	17. INFORMANT	In ourner	ADDRESS
(This de heart fa	ASE OR CONDITION LEADING TO DEA oes not mean the mode oilure, asthenia, etc. It mes or complication which o	TH of dying, e. g., ans the disease,		OF DEATH	many-	INTERVAL BETWEEN
OTHER	SES OR CONDITIONS, IN THE ABOVE CAUSE (A) LYING CONDITION LA	STATING THE AST.	(B)(C)	a.Itrema.coma		
TO THE	DISEASE OR CONDITION	CAUSING IT.	NDINGS OF OPER	RATION		20. AUTOPSY?
Z 21D. TIME OF INJUR	RNAL CAUSE WAS ING M OR CONTRIB-CAUSE OF DEATH.  (Month) (Day) (Year)	about home, farm. S (Hour) 21E	OF INJURY (e. g., I, factory, street, office bldg., treet  INJURY OCCURR  NOT WHILE AT WORK	Lafayett 21F. HOW DID	e & Argyle Avent INJURY OCCUR?	yes A NO 7, give exact location)
22. I cer	tify that I took char	ge of the res	mains described o	above, held anA Inquiry, find that	Autopsy utopsy, Inspection or Inquisaid deceased died on the incide , homicide	the day stated above
23A. SIGN	crema-1 248. DATE	Den	Cacles M	ASSISTANT ME	DICAL EXAMINER	23c. DATE SIGNED 7-31-50 wn, or county) (State)
DATE RECEIVED LOCAL REGIS	me aug 2	S SIGNATURE	111	25. FUNERAL DIRE	Halifay	ADDRESS #
AUG 1 V S 151	1950 rtmit	water NV	Manus, Max	Media	1129 11. Ga	arlew St.
	0 3.	THE PERSON NAMED IN	00	10/6	168	

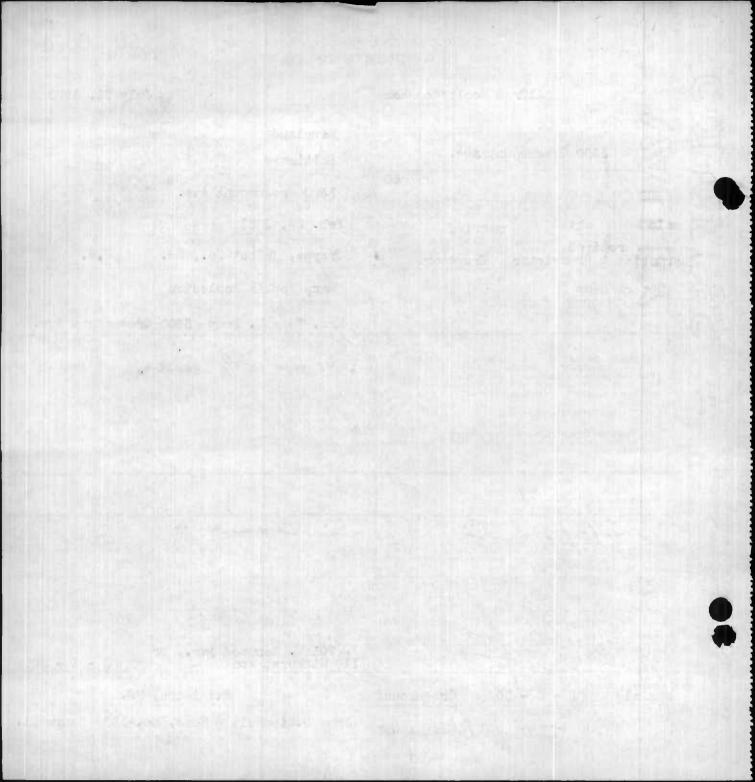
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віятн NO. 50 6673	BALTIMORE CITY HE CERTIFICATI		50 Registered No.	6673
1. NAME OF DECEASED (Type or Print) Alva.	Rosser		DATE 7-27-]	1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital	al or institution give street address or	4. USUAL RESIDENCE (Where A STATE Maryland	DEATH deceased lived. If inst B. COUNTY	itution : residence before admission)
HOSPITAL OR Baltimore City 1940 Eastern A	y Hospitals location)		ide corporate limits, w	rite RURAL and give township)
c. Length of stay in Baltimore	30yrs Yrs. Mos. Days	D. STREET ADDRESS (If rural 1301 North Central		
5. SEX 6. COLOR OR RACE Regro.	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9. May 26-1899	AGE (In years last birthday) Months	r l Year B Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign South Carolina	n country)   12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Albert D	eBlain	14. MOTHER'S MAIDEN NAME Rosa, Evans		Della Mil
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dates	of service) SECURITY NO.	17. INFORMANT Baltimore Records: 4940 East	City Hospet	ESES
LEADING TO DEAT  (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which es  ANTECEDENT CAUSI  ANTECEDENT CAUSI  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A)  UNDERLYING CONDITION LAS  UNDERLYING CONDITION LAS  OTHER SIGNIFICANT CONDITION	f dying, e.g., (A) Uremia nathe disease, aused death.) DUE TO  ES  (B) Arteri  ANY, GIVING STATING THE DUE TO	olar Nephrosclerosi ensive Cardiovascula		
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	NOT RELATED			
J 19A. DATE OF OPERATION 19	BB. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (If in INJURY OCCUR?	Baltimore City, give	
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRE  MHILE AT NOT WHILE  MORK AT WORK	21F. HOW DID INJURY OC	CUR?	
22. I hereby certify that I attendeceased alive on 7-27- 23A. SIGNATURE	, 19 50 and that death occur	red at 6.50 m., from the co	auses and on the d	
4.	10 gen M.D. 4	38. ADDRESS 940 Eastern Ave.	7	7-27-1950
24A. BURIAL, CREMA- TION REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR'S	24C. NAME OF CEMETER  SIGNATURE	25. FUNERAL PRECTOR	TION (City, town, or co	odress (State)
VS 150	rator Miliaus, Mil	Juff William	me E	Eden of



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D. STREET ADDRESS (If rural, give location) 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF U.SHAT COUNTRY ADDRESS 3300 Greenmount Ave. INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 19 that I last saw the \_m., from the causes and on the date stated above. 238.70 PRESS Kenwood Ave., or 23c. DATE SIGNED 8 - 1 - 50Baltimore, Md. ADDRESS John O.Mitchell & Sons, Inc,-1900 Eutaw Pl.

before admission)



50 667

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.				
1. NAME OF DECEASED (Type or Print) CARROLL DOUGHLAS GARV.	IN		2. DATE OF DEATH July 3	1, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution,	give street address or	4. USUAL RESIDENCE (WA. STATE		itution; residence before admission)
HOSPITAL OR US Marine Hospital INSTITUTION Wyman Pk. Drive & 31st St.	location)	c. CITY OR TOWN (If Tilghman	outside corporate limits, w	rite RURAL and give township)
c. Length of stay in Baltimore 87 day	Yrs. Mos.	D. STREET ADDRESS (If a	197	) (
5. SEX   6. COLOR OR RACE   7. SINGLE, M	ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH 3/20/92	9. AGE (In years last birthday) Months	l Vest If Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Garvin		Annie Sinolai		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onknown) (If yes, give war or dates of service)	S. SOCIAL SECURITY NO.	17. INFORMANT RECORDS US MA	rine Hospital,	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CON-	oue to with chron	ocarcinoma of colo perforation and colo nic peritonitis	localized	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	*****			
19a. DATE OF OPERATION 19B. MAJOR FIL	NDINGS OF OPER			20. AUTOPSY?
	OF INJURY (e. g., in factory, street, office bldg., e		f in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. OF INJURY m. WHIL			occur?	
22. I hereby certify that I attended the dec deceased alive on July 31 1950, and	that death occur	red at 10:40Pm., from th	ly 31, 19 50 to	hat I last saw the date stated above.
Patrick Medical Birect	or M.D.	38. ADDRESS US Marine Hospita	1, Balto, Md.	8/1/50
Devices aug. 3.50 /2	CA hman	methodst Is	eghman 1	elbot my
AUG REGISTER REGISTRAR'S SIGNATURE	liance, Mr.	25. FUNERAL DIRECTOR	2 Tilghms	on Med.
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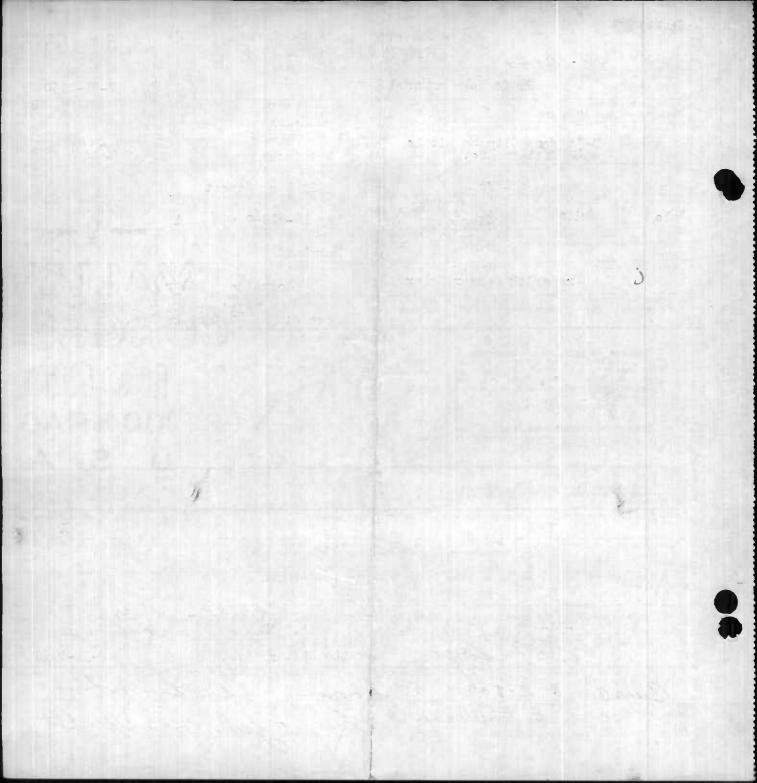
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Butt Cavillons . so	ent can be visited the same revocable the sattlement of the	

Registered No 7-31-1950 before admission) (If outside corporate limits, write RURAL and give If Under 1 Year last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? altimore City Hospitals INTERVAL BETWEEN ONSET AND OEATH 20. AUTOPSY (If in Baltimore City, give exact location)

23c. DATE SIGNED

7-31-1950

ADDRESS



Every item of information should be

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INLY, WITH UNFADING INK.

PLEASE WRI

## BALTIMORE CITY HEALTH DEPARTMENT

50 6677

	RTH NO.				E OF D				
1. I (Ty)	NAME OF D pe or Print)	EMM8 M8	arie W.	aterworth			2. DATE OF DEATH	l <b>y</b> 31	1950
A. I		City, Maryland			A. STATE	RESIDENCE (	Where deceased liv B. COUNT	ed. If instit	ution : residence before admissi
HOS	TULL NAME SPITAL OR STITUTION	OF (If not in hospits	al or institut	ion, give street address of location	C. CITY OF		f outside corporate	limits, wri	te RURAL and g
c. I	Length of s	tay in Baltimore	4	ife Yrs. Mos. Days	(	ADDRESS (I	f rural, give location	on)	
5. 8	SEX.	6. COLOR OR RACE	WIDOW	MARRIED, YED, DIVORCED (Specify <b>ried</b>	Jan.	17, 1891	9. AGE (In year last birthda)	Months	Veer If Under 24 H Days Hours M
10A work d	LOUE OW	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	II. BIRTHE	LACE (State or	foreign country)		CITIZEN OF WHAT COUNTI
13.	FATHER'S N	T. Crotzki	,		14. MOTHE	er's MAIDEN N			
15. (Yes,	WAS DECEASI	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFOR			ADDRE	alock A
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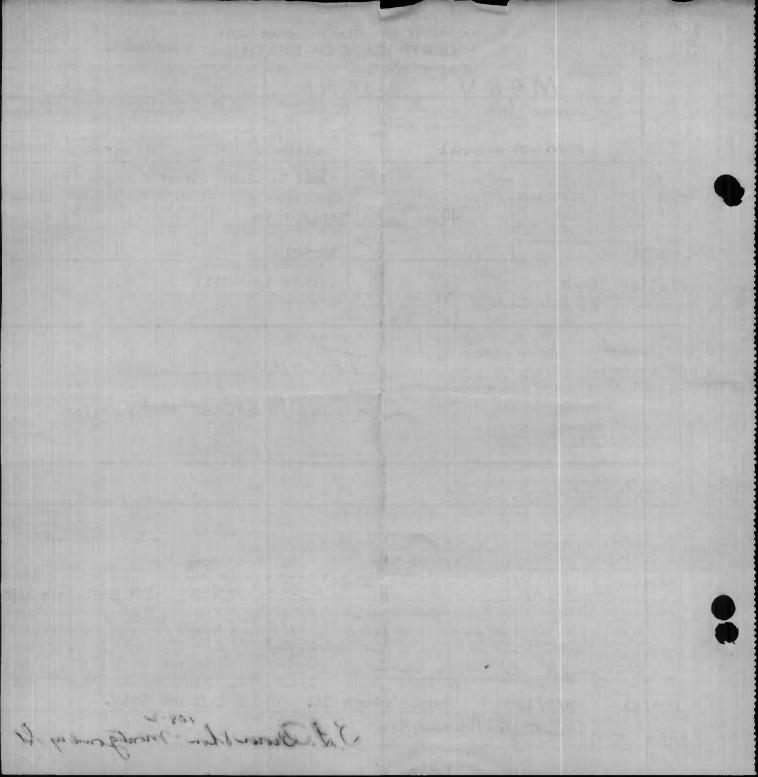
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The 2	В	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered I	50 6678
	(T	1. NAME OF DECEASED (Type or Print) Mary E. Holmes 2. DATE OF DEATH 8/1	150
ully supplied.	A. B.	8. PLACE OF DEATH  A. Baltimore City, Maryland 2517 W. Modes of A. STATE  B. FULL NAME OF (If not in highest or institution, give street address or location)  Ocation  Ocation  Ocation  Ocation  Ocation	before admission)
	IN	Baltimore and	s, write RURAL and give township)
nd legions	c.	c. Length of stay in Baltimore Life Mos. Baltimore The	If Under 1 Year   If Under 24 Hours
200		H WIDOWED, DIVORCED (Specify) July 5. 1879 Jast birthday) M. Married July 5. 1879	onths Days Hours Min.
	worl	House Wife House Work Work Maltinet Ma	12. CITIZEN OF WHAT COUNTRY?
information s of death cl		13. FATHER'S NAME  MR P Me Millian Unknown	
of inferses of	(Yes	SECORITY NO.	Moshes &
an		18. S S X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
Every ite write the		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	
	Z	ANTECEDENT CAUSES (B)	
UNFADING INK. Physicians: please	CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
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	CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED	20. AUTOPSY?
WITH rtant.	EDICAL		YES NO Desire exact location)
LY, WITH important.	MED	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
· all		OF INJURY  MHILE AT NOT WHILE AT WORK	77
ITh espe		22. I hereby certify that I attended the deceased from 2, 1930, to 3, 1930, to	that I last saw the he date stated above.
PLEASE WRITE correct age is es	24	24A. BURIAL, CREMA 24B. DATE   24C. NAME OF CEMETERY OF CREMATORY   24D-LOCATION (City Cown	or county) (State)
PLEASE W		Buriol 9/3/50 Joedan Park Com Gueling Pd  Date Received by   Registrar's SIGNATURE   25. FUNERAL DIRECTOR	ADDRESS
PI	Lo	AUG 1 1950 Tuitugton Williams, Mr. Chas P. Towell 2427 &	I moul son ave
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ied. The	3.	NAME OF DECEASED MARY  PLACE OF DEATH:	NES 2. DATE OF DEATH 14. USUAL RESIDENCE (Where deceased lived. If i	
zupplied.	В.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or location)  STITUTION  Described to the street address or location location	C. CITY OR TOWN (If outside corporate limit	before admission
egibly.		Provident Hospital  Yrs.  Mos. Days	Baltimore  D. STREET ADDRESS (If rural, give location)  1642 N. Gilmor Street	- Constant
ld be		SEX   6.COLOR OR RACE   7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH   9. AGE (In years)   1	Under 1 Year II Under 24 Hours this Days Hours Min
information should be	wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Domestic	II. BIRTHPLACE (State or foreign country)  Georgia	12. CITIZEN OF WHAT COUNTRY
ath c	1	FATHER'S NAME Villiam Black	Nettie Lee Hill	
inform of de	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)  SECURITY NO.		DRESS
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UNFADING Physicians: p	ERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	L C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	YES NO D
NLY, WITH	MEDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e. g., in about home, furm, fuctory, etreet, office bldg., etc.)  Front of home  21b. TIME (Month) (Day) (Year) (Hour) OF INJURY  22 1950  21 certify that I took charge of the remains described at	1642 N. Gilmor Street  21F. HOW DID INJURY OC UR?  Thouse afire—jumped from the	ve exact location)
RIT I		the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, Inspection or Induiry (nquiry, find that said deceased died on the $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , un	day stated abovedetermined .
SE WRI t age is		23A. SIGNATURE    Standard   Standard   M  4A. BURIAL, CREMA-   RAB. DATE   24C. NAME OF CEMETE  DN, REMOVAL (Specify)	D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED  1 30,1950  recounty) (State)
PLEASE correct ag	D	Burial 8/2/1950 Mount Auburn		ADDRESS
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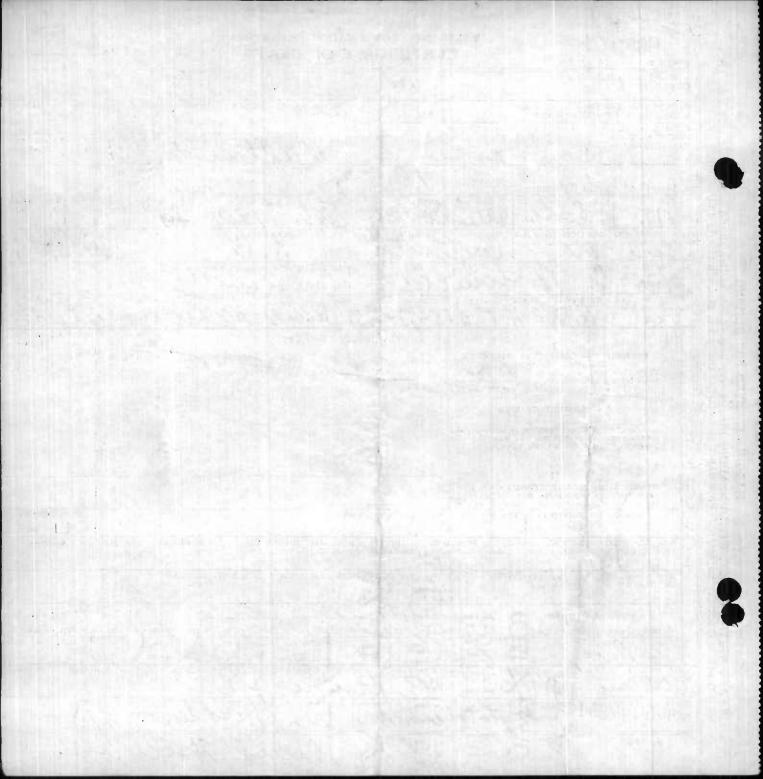
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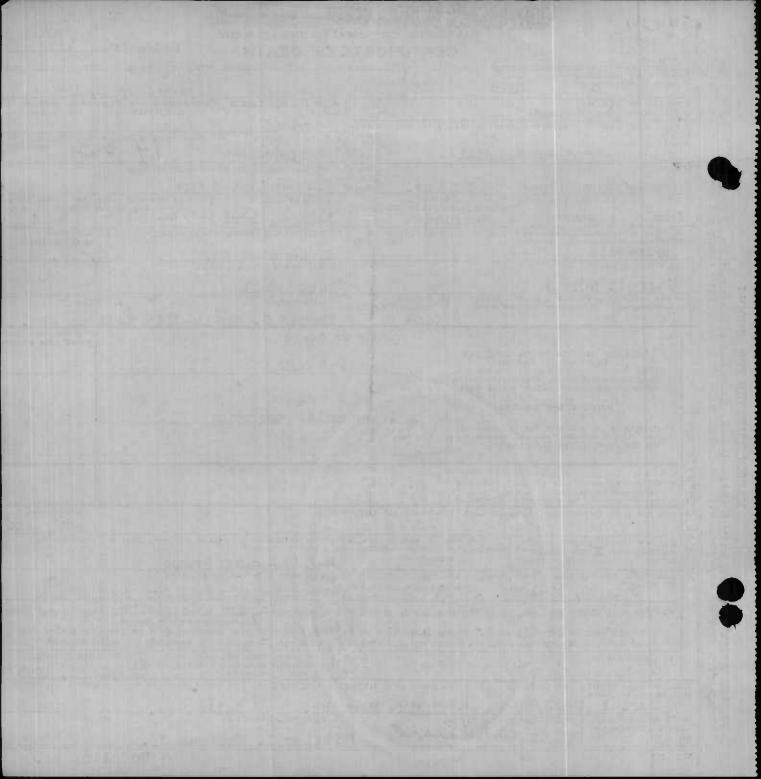
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) SAMMI OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or ma B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION (If rural, give location) Yrs. O. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OF RACE 9. AGE (In years) BURTH ff Under 1 Year last birthday) Months Days Hours Min. 104 USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) CITIZEN OF ost of working life even if retired) coyy MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. 15. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. RT 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? CA YES NO 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID ā HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш Σ 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 830 A SQto. , 19 5 Ahat I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on. 19.5 C, and that death occurred at\_ An., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE BURIAL CREMA-24D LOCATION (City, town, or county) 24c. NAME OF CEMEN (State) REGISTRA

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

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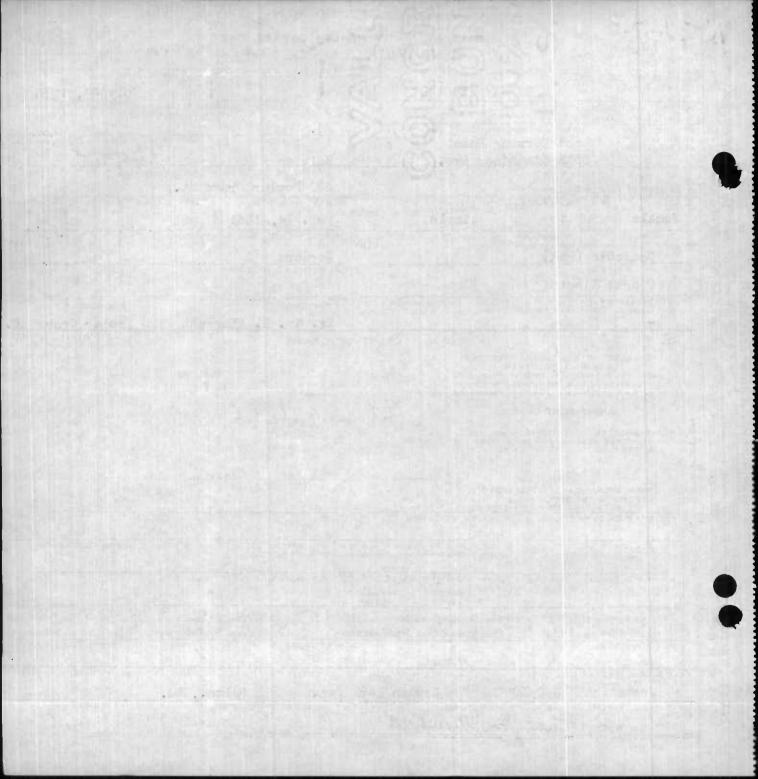
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	NAME OF D			Teathers		2. DATE OF	
			NNIE WI	LE GAND		DEATH	July 30, 1950
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDEN	CE (Where deceased live B. COUNT)	d. If institution: residence Y before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or						,
HO	SPITAL OR STITUTION	Hood Nurs	ing Hom	10 location)	c. CITY OR TOWN	(If outside corporate	lanits, write RURAL and give
10	0	5313 Edmo	ndson A	ve	Baltimore	10	06 township)
				Yrs.		S (If rural, give location	n)
c	Length of s	tay in Baltimore		Mos. Days	620 Poplar	Grove St.	
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED_DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	Months; Days Hours; Min.
	female	white	Si	ngle (specify)	Feb. 14, 18	61 89	Months Days Hours Min.
10/	. USUAL OC	CUPATION (Give kind of	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF
OFE	_	of working life, even if retired)		INDUSTRY	Germany		WHAT COUNTRY?
13.	FATHER'S N			***************************************	14. MOTHER'S MAID	EN NAME	7
	Conra	d Wiegand					1/
15.	WAS DECEASE	ED EVER IN U. S. ARMET	FORCES?	I 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes,	no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.		131 11 000	
1				1	Mr. Wm. E.	Albrecht 620	Poplar Grove St.
	18. 477	r. / 1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			1	. 0		man / 1
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			mas preu	momo	Typical Two	
		ANTECEDENT CAUS	SES	1+.	01.	CUD	
z	DISEASES OR CONDITIONS, IF ANY, GIVING						
원	RISE TO T	THE ABOVE CAUSE (A)	STATING T				
RTIFICATION	UNDERLYING CONDITION LAST.						
Ĭ.				(C)			
E	OTHER SIGNIFICANT CONDITIONS CON-						
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
0				FINDINGS OF OPER	ATION		20. AUTOPSY?
A		0					YES NO X
EDICAL	21A. ACCIDE	NT, SUICIDE,	218. PL	ACE OF INJURY (e.g., in	n or   21c. WHERE DIE		ity, give exact location)
	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg., e	etc.) INJURY OCCUR?		
Σ.		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID II	NJURY OCCUR?	
	OF INJURY		33.00	WHILE AT NOT WHILE			
			m.	WORK AT WORK	0.18.00	11 30	
	22. I hereby certify that I attended the deceased from fuly 18, 1950, to fuly 30, 1950, that I last saw the deceased alive, on fuly 30, 1950, and that death occurred at 709, m., from the causes and on the date stated above						
	deceased at		<u>, 1950.</u>	and that death occur	rred at 7 9, m., f	rom the causes and	on the date stated above.
	234 SIGNA	TURE	1.	ib- ,7	38. ADDRESS	Dain-Belt.	23c. DATE SIGNED
24	A BURIAL.	CREMA- 24B. DATE	ence	24c. NAME OF CEMETE	RY OR CREMATORY I	240. LOCATION (City, t	lown or county) / (State)
T10	N. REMOVAL (S	Specify) /					(Dutt)
-	Crema			Loudon Park		Balto., Md.	ACOREC
	TE RECEIVE	RAR	. In 14/1	URE	25. FUNERAL DIREC	Timbone V	ADDRESS
_	WG 1 1	950 husting	1411 111	manua, Ma	Ilm. J.	when I D	In Tombo
	VS 150	6	The date	The state of the s			025,110
			- AND CONTRACTOR		V		441)



VS 150

Registered No. July 30, 1950 before admission) (If outside corporate limits, write RURAL and give If Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN ONSET AND DEATH Recent Unknown Unkn own 20. AUTOPSY YES X NO (If in Baltimore City, give exact location) , 19 50 to July 30 , 19 50, that I last saw the 23c. DATE SIGNED Md.

	. 1	CERTIFICATE CORRECTED 8-14-50	
C	4	36 BALTIMORE CITY HEALTH DEPARTMENT 5	0 0004
	5	0 6684 CERTIFICATE OF DEATH Registered No.	0 0004
The	Bi	PRETH NO.	
		NAME OF DECEASED  2. DATE OF OF	2. 11-
ied		Mariella (ute) for 9. Staller DEATH July	30-1950
supplied.		. PLACE OF DEATH:  . Baltimore City, Maryland  . STATE  . STATE  . SOUNTY	before admission)
sn		FULL NAME OF (1) not in hospital or institution, give street address of location) C CITY OR TOWN (1) street de apporte limits y	3 1
I A		NSTITUTION .	township)
		Incredge / Wising / Vone D. STREET ADDRESS plf rural, give location)	
legib		Mos. 2225 Hill	
be ld ld		Length of stay in Baltimore Days   3203 XIII DAYS   1. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,   8. DATE OF BIRTH   0/2   9. AGE (In years)   1. University   1. Universi	der I Year   It Under 24 Hours
200	2	WIDOWED, DIVORCED (Specify)   1 19 -+ V-1 last birthday) Month	hs Days Hours Min.
should early an	10	DA OS AL OCCUPATION (Giveking of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF
lea	WOTE	NDUSTRY DINDUSTRY	WHAT COUNTRY?
tion h cl	13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
NG rmati death	-	William Salta 2	
information of death cl	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 11. INFORMANT ADD	DRESS 1 A
BINDIN of infor	(Ye	es, no or unknown) (If yes, give war or dates of service) SECURITY NO. 11 INFORMATION ADD ADD SECURITY NO. 220 000 4 (2) 10 Ma. See See See See See See See See See Se	1 1 1
	-	Chao of the property of the pr	INVERVAL BETWEEN
		18. 47 Y. Z	ONSET AND DEATH
FO it the		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH PROMISE OF CONDITION DIRECTLY PROMISE OF CONDITION DIRECTLY	1/200
VED FO Every i		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	general
Evel Write		injury or complication which caused death.) DUE TO	1
RESERVED INK. Ever please write	7	ANTECEDENT CAUSES	
ESE INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING	
_ 5	AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
MARGIN UNFADIN Physicians:	문		
AR FAI sicia	RTII	II (C)	
MA NF hysi	Lil	TRIBUTING TO THE DEATH, BUT NOT RELATED	
	U	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
WITH rtant.	A		YES NO
Y, WITI	2	21A. ACCIDENT. SUICIDE.  21B. PLACE OF INJURY (e.g., in or line) 21C. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	e exact location)
Y,	MEDI		
	2	21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?	
<b>₹</b>		OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK	
a s			that I last saw the
Treespec		deceased alive on 7/30, 1950, and that death occurred at Z2. m., from the causes and on the	
S e		23A. SIGNATURE 23B. ADDRESS 1 1 1 1	23C DATE SIGNED
		Moleres Falley 5m3 Therford Rd	7/2//50
ie ≰			10/1-
SE W	24 TX		10/1-
ASE W	1	AN BURIAL GREMA- 24B. DATE 24C. NAMESOF CEMETERY OF CREMATORY 24D. LOCATION (City, town, of NEMOVAL ESPECIETY)	county (State)
LEASE W	K	Ax. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, of the property)  ALL  ATTERCTOR  AS SIGNATURE  AS	10/1-
PLEASE WRITE	K	AN BURIAL GREMA- 24B. DATE 24C. NAMESOF CEMETERY OF CREMATORY 24D. LOCATION (City, town, of NEMOVAL ESPECIETY)	county (State)
PLEASE W	K	Ax. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, of the received by Color Registrar's Signature 25. Funeral pirector  ACCAL REGISTRAR	county (State)

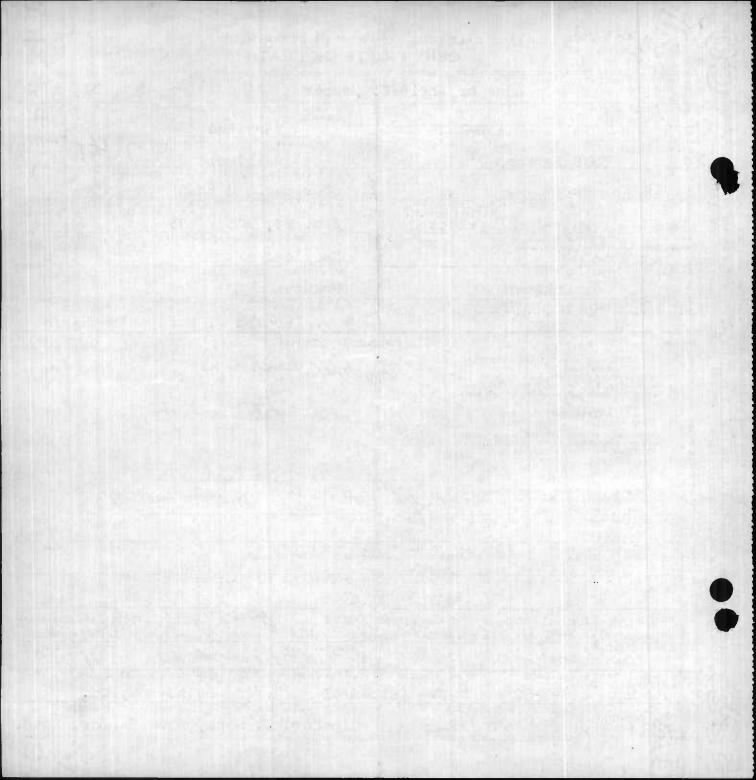
Dr.golley

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BI	RTH NO.	J		CERTIFICA	TE OF DE	ATH	Registered N	670 0000
1. (T)	NAME OF D ype or Print)		nna or	Annie L.	Hoppe r		OF July	31, 1950
	PLACE OF D	EATH: City, Maryland			4. USUAL RE	SIDENCE (W)	nere deceased lived. If	institution ; residence before admission
В.	FULL NAME		al or instituti	on, give street addres	s or	Maryland		. 1.1
	STITUTION			locati	on) c. CITY OR T	OWN (If c	utside corporate limit	s, yr ARAL and gi townshi
0	0	5309 Harfo	rd Ros			Baltimor		
					08		ural, give location)	
	Length of s	tay in Baltimore		D:	iys   5309 H8	arford F		T. J. 3 V
	emale	white	WIDOW	E, MARRIED. ED, DIVORCED (Spe .dowed	eify) B. DATE OF E	The second second	9. AGE (In years last birthday) 75	Under I Year H Under 24 Hounths Days Hours Min
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KIND	OF BUSINESS OF	11. BIRTHPLA	CE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S					S MAIDEN NA	ME	
		Unknow	n		Unknow	n		
15	. WAS DECEAS	ED EVER IN U. S. ARMED		16. SOCIAL	17. INFORMA	NT	IA.	DDRESS
(1 6	i, no or unknown)	(It yes, give wer of date	or service)	SECURITY N	Mrs. Le	onard J.	Ruck, 530	9 Harford
	18. 33	1×.		CAUS	E OF DEATH			INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (A) Correlate Femonday  (A) DUE TO			3 days				
	heart failt	are, asthenia, etc. It mea complication which of ANTECEDENT CAUS	ns the diseas aused death	e, .) DUE TO		5		2
FICATION	RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN	IG //	erzene-a o			
CERTI	TRIBUTIN	II  SIGNIFICANT CONDI  G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	in Maria	ectoris 10 y	s. Deal	tetes hellite	?
				FINDINGS OF O	PERATION			20. AUTOPSY1
Y					YES NO			
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.)  21c. WHERE DID (If in Baltimore City, give example of the property of t						ive exact location)		
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE TO							
			m.	WORK AT WO	De les	49 0	0,31 ,00	
		y certify that I att			1 120	197, to		, that I last saw t
	dcceased a		_, 19 <u>3</u> ,		23B. ADDRESS	Harfor	e causes and on th	ae date stated about 23c. DATE SIGNE
24	AA. BURIAK.	CREMA- 24B. DATE	1:	M. D. 24c. NAME of CEM	ETERY OR CREMAT	ORY 24D. LC	CATION (City, town,	or county) (State
TIC	Buria Buria	8-3-50		New Cath			Baltimore,	
	ATE RECEIVE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			25. FUNERAL			ADDRESS
-	ALIG 1	1950 house	avor 11/1	Misure, M. 18	Leona rd	J. Ruck	s, 5305 Har	rford Road

- 12.3.2. 17.3000 non-

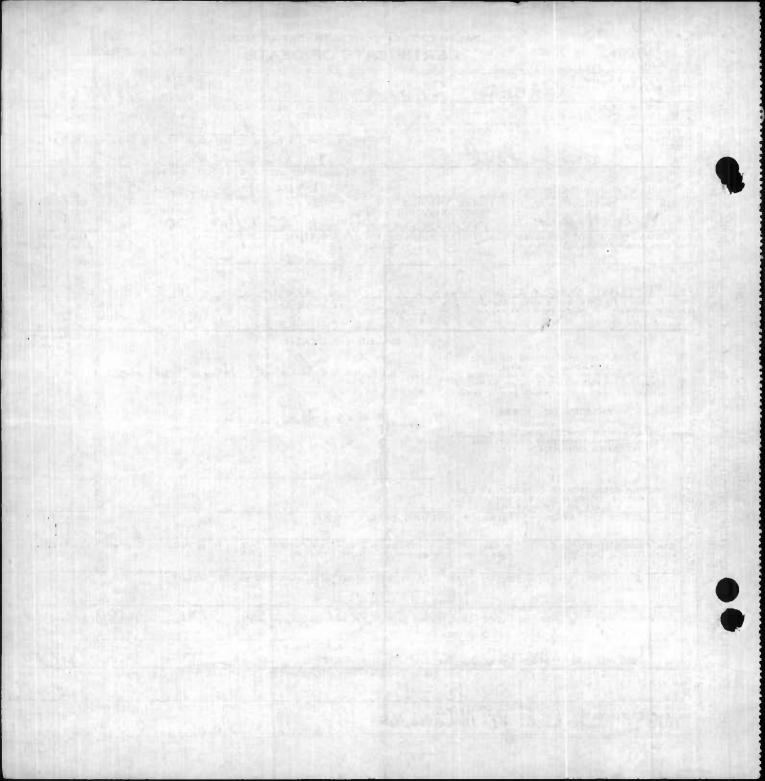


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INK	please
TH UNFADING INK. Every item of information should be ed. Hy sum	t. Physicians: please write the causes of death clearly and legibly.
H	ند

### BALTIMORE CITY HEALTH DEPARTMENT

6686 Registered No

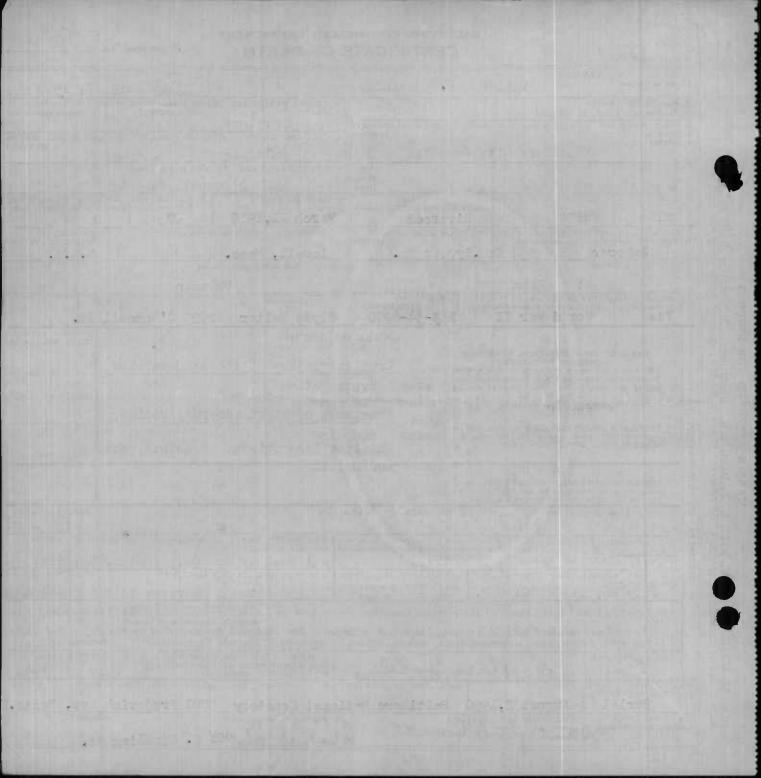
В	BIRTH NO.	E OF DEATH
1.	(Type or Print) SNEED, GOVAN	2. DATE OF 2/31/50
	3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
В.	s. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	ma.
	NSTITUTION Provident	C. CITY OR TOWN (If outside corporate limits, write RVRAL and give township)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
-	c. Length of stay in Baltimore Days  5. SEX [6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH . 19. AGE (In years) // Under 24 Hours
	Male Negro WIDOWED, DIVORCED (Spelify)	9. AGE (In years   1 Under 1 Ver   Il Under 24 Hours   In Under 1 Hours   Hour
	OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OF The done during most of working life byen if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY 2
	Cook KESTAURANT	Henderson n. Clu.S.A
1	3.FATHER'S NAME	14 MOTHER'S MAIDEN NAME
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Luvinia Marrow
(Ye	(16. SOCIAL SECURITY NO. 215 - 26	17. INFORMANT  S-7 AGGLE AMEL   ADDRESS 4
	18. 330 X , CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 . 1 11 0
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Was the Market of the same of
	ANTECEDENT CAUSES	n A
NO	DISEASES OR CONDITIONS, IF ANY, GIVING	and a
RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
FIC		
TI	OTHER SIGNIFICANT CONDITIONS CON-	
III III	TRIBUTING TO THE DEATH, BUT NOT RELATED	
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in about home, ferm, factory, street, office bldg., e	
ME		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE	
	m.   WORK   AT WORK	
	22. I hereby certify that I attended the deceased from 7/	31 31950 to 2/31 , 1950, that I last saw the
	deceased alive on 7/31, 1950, and that death occur	38 ADDRESS 1 230 DATE SIGNED
	John H. Johnes M.D.	Provedent 7/31/50
2	24A. BURIAL, CREMA: 24B DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
14	DATE RECEIVED BY I REGISTRAR'S SIGNATURE	25. PUNERAL DIRECTOR ADDRESS
	OAL REGISTROS REGISTRAR'S SIGNATURE	25. PUNERAL DIRECTOR ADDRESS
=	VS 150	aco. A Telson 1000 resonay
	7546)	M 83a H.
	10/0/	



BINDING

RESERVED

MARGIN



MARGIN RESERVED FOR BINDING PLEASE WRITI L. LY, WITH correct age is especial important.

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

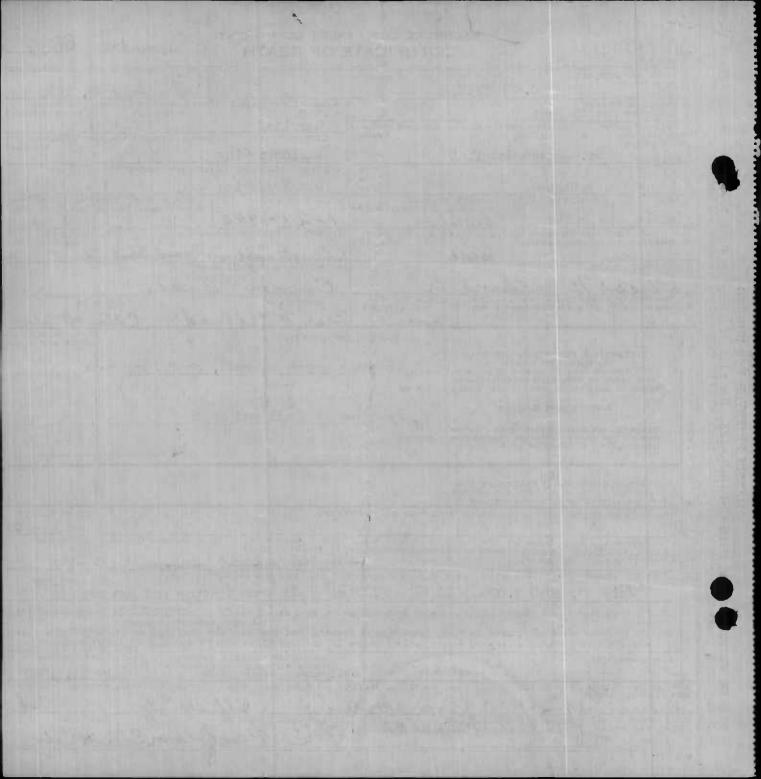
Registered No. 6688

_	BIRTH NO.	L OI DEATH				
	(Type or Print) Linda MAY GIGSON	2. DATE OF DEATH Hvg 1, 1950				
	3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)				
- 11	B. FULL NAME OF (If not in hospital or institution, give street address of location)  NOSTITUTION  ORDINATION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
7 13	Yrs.	D. STREET ADDRESS (If rural, give location)				
	Mos. Days 5. SEX POR OR RACE 7. SINGLE, MARRIED.	8a DATE OF BIRTH   9. AGE (In years   If Under 24 Hours				
	WIDOWED, DIVORCED (Specify	BADATE OF BIRTH  9. AGE (in years If Under 1 Year Months Days Hours Min.				
₩	IOA, USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)				
	13 PATHER'S NAME	14. MOTHER S MAIDEN NAME				
de	WAS DECEASED EVER IN 8, S. ARMED ORCES?  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
-	18. 77 2.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO					
	ANTECEDENT CAUSES Production (T.					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO INDERLYING CONDITION (AST					
Į.	(c) <b>A</b>	a hubritonel disturbace, presumorio				
		ed high pera 4 days				
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?				
4010	CAUSE OF DEATH	in or   21C. WHERE DID (If in Baltimore City, give exact location)				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE					
	22. I hereby certify that I attended the deceased from July 31, 1950, to Aug 1, 1950, that I last saw the					
	23A. SIGNATURE  Edward Winslow Applica M. D.	rred at 6.3 a.m., from the causes and on the date stated above. 23B. ADDRESS 39TIS ROPKINS HOSPITE 23C. DATE SIGNED 5-1-50				
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE					
6	DATE RECEIVED BY I REGISTRATES SIGNATURE	25 FUNERAL DIRECTOR ADDRESS				
=	AUG FG 1950 The traiter Williams, Mark	A Bailey d'arlington				
	VS 150	1190 Mrd				
		11/0/1/4/				

· BullianianM SHELLEY! a the will be BURLAN 

The state of the s	Physicians: please write the causes of death clearly and legiby.	
	please wri	
1	Physicians:	
100000000000000000000000000000000000000	inportant.	

1326						
150 0000	EALTH DEPARTMENT	50 6600				
BIRTH NO.	E OF DEATH Registere	ed No.				
1. NAME OF DECEASED	2. DATE					
(Type or Print) MARTHA C. PETTICORD		ıly 30, 1950				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street address of		and				
INSTITUTION	C, CITT ON TOWN (II oddside eorporate i	imits, write RURAL and giv township				
St. Agness Hospital	D. STREET ADDRESS (If rural, give location					
Mos.	Old Fradewick Prod	Land				
c. Length of stay in Baltimore  Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In year)	It Under 1 Year   It Under 24 Hours				
WIDOWED, DIVORCED (Specify	1-21-1940 last birthday)	Months Days Hours Min.				
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF				
work done during most of working life, even if retired)  NOUL  INDUSTR	EDD. X. C. To . Howard Co	WHAT COUNTRY				
13. FATHER'S NAME	14. MOTHER'S MANDEN NAME	a.s.n.				
Chas n. Reddend Is.	Emma Babes					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS				
are more	Chas n. Seddward B. E	Micott City				
	OF DEATH	INTERVAL BOWEEN				
DISEASE OR CONDITION DIRECTLY						
(This does not mean the mode of dying, e.g., (A) Crushi	ng injury of head, chest, an	d neck				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
ANTECEDENT CAUSES	ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING  (B) Fracture of skull and neck						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
(c)		***************************************				
II						
OTHER SIGNIFICANT CONDITIONS CON-						
TO THE DISEASE OR CONDITION CAUSING IT.  U 19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?				
		YES NO X				
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g.,		ty, give exact location)				
UNDERLYING TO CAUSE OF DEATH.   about home, farm, factory, afreet, office bidg.	Old Frederick Road, Ell	icott City				
Z 210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	pulverizer				
July 30, 1950 7.00pm. WHILE AT NOT WHILL AT WORK		run over by				
22. I certify that I took charge of the remains described	above, held an Inquiry & Inspecti	on thereon and from				
	Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above					
and death in my opinion resulted from: natural cause	es 🖺, accident 🕱, suicide 🖂, homicide 🗀	], undetermined $\Box$ .				
23A. SIGNATURE	238, CHIEF MEDICAL EXAMINER	23c. DATE SIGNED				
	M.D.   MEDICAL INVESTIGATOR	July 31, 1950 wn, or county) (State)				
TION REMOVAL (Specify)	CAR 2 74 C' +	- 1				
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR	ADDRESS				
LOCAL REGISTRAR Vintuator Villand, Mat	( 7 ( High of ) 8	OR MC. t.				
We ALIC 1 1930	10 - C. Tymorum C	curs crey				
N-804.2		175a W				



LU	ce		
MORE CITY HE	ALTH DEPARTMENT	50	6690
FRTIFICATE	OF DEATH	Registered No	0000
LICITI TOATE	OF BEATTI		
0		2. DATE OF	
ucl		DEATH 9 1-50	
	4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : residence before admission)
give street address or	1913 Thrists	an St (23)	
location)	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give
MILTER PARTY	Baltim	sore mod 20	- Cownship)
Yrs.	D. STREET ADDRESS (If	rural, give location)	
Mos. Days			
ARRIED.	8. DATE OF BIRTH	9. AGE (In years   If Un	der 1 Year   If Under 24 Hours
DIVORCED (Specify)	9-4-49	last birthday) Mont	hs Days Hours Min.
BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)   1:	2. CITIZEN OF
- INDUSTRY	Baltimore md		WHAT COUNTRY?
	14. MOTHER'S MAIDEN NA	AME	
	Mary E. Bull		
6. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
SECURITY NO.	Mr. Edward Luce	1913 Christ	rain St
CAUSE	OF DEATH		INTERVAL BETWEEN
0	0 1	. 0	A DEATH
Y	- 15 Y	1/2 0	0 -4

### None NON 13. FATHER'S NAME Edward Luce 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 18. DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in nr (If in Baltimore City, give exact location) 21c. WHERE DID

about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

NOT WHILE!

, 1950 and that death occurred at 2 ? 30 An.

VS 150

24B. DATE

REGISTRAR

22. I hereby certify that I attended the deceased from I have

S SIGNATURE

in a grant of a sure a co.

(If not in hospital or institution

7. SINGVE WIDOWE

IOB, KIND O

6. COLOR DR RACE

21A. ACCIDENT WAS UNDER

CAUSE OF DEATH

23A. SIGNATURE

surrol

deceased alive on Gana

LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

FUNERAL DIRECTOR

INJURY OCCUR?

23B. ADDRESS

emor

25

21F. HOW DID INJURY OCCUR?

24D

ADDRESS

1950 that I last saw the

23c. DATE SIGNED

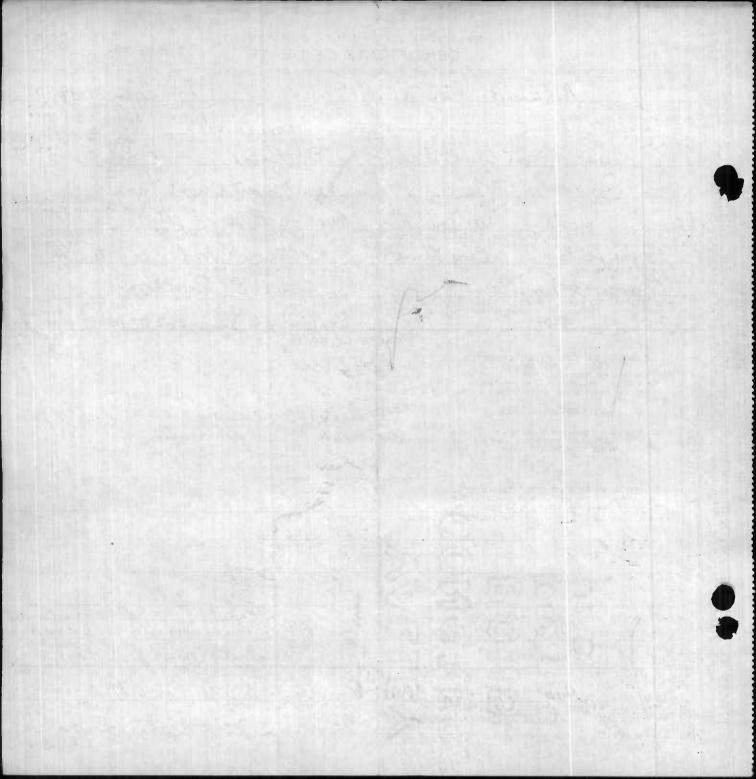
from the cases and on the date stated above.

(City, town, or county)

The cerris Primary sile of sacroma 50-6690 De Downer File 8-24-50

	le -	3
	fully supplied. Th	.vlly.
Principle of the princi	ASE WRIT PI MLY, WITH UNFADING INK. Every item of information should be. Iully supplied. The	se write the causes of death elearly and leg
TATE OF THE PARTY	UNFADING IN	Physicians: ples
	MLY, WITH	important.
	ASE WRIT	ct age is especial,

- 11	543				-1		
-	57~		BAL.	TIMORE CITY HI	EALTH DEPARTMENT	L.	50 6004
1	6691 BIRTH NO.			CERTIFICAT	E OF DEATH	Registered N	00033
	1. NAME OF D					2. DATE	
	(Type or Print)	AME	LIA	E. REINI	40LD.	DEATH July	-31-1950
	A. Baltimore	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. B. COUNTY	nstitution ; residence before admission)
	B. FULL NAME HOSPITAL OR	OF (If not in hosp	oital or institutio	n, give street address or location)		outside corporate limits	write RUBAL and give
	INSTITUTION	364 mon	nt Olive	Lane.	Baltimas	20	- O (township)
	<del></del>		2.0	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	c. Length of s	stay in Baltimore	dife E 7. SI/GLE.	Days	364 mount C	Twet dane	Under 1 Year   II Under 24 Hours
	Female.	White		D. DIVORCED (Specify)	Amil-5-1876	last birthday) Mor	ths Days Hours Min.
		CUPATION (Give kinds of working life, even if retires		OF BUSINESS OR		reign country)	12. CITIZEN OF
	Hous	e Wife.	Bun	Home	Baltimore-	md.	U.S.A.
	13. FATHER'S	NAME P	D:		14. MOTHER'S MAIDEN NA	ME DO	
	15. WAS DECEAS	ED EVER IN U.S. ARM	Tein ED FORCES?	16. SOCIAL	Anne E.	Bruehl.	
	(Yes, no or nuknown)	(If yes, give war or da	tes of service)	SECURITY NO.	17. INFORMANT	: 2/9 hot a	DRESS
	18. 141	12 V			OF DEATH	W - 20 2 114 101	INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	100			ONSET AND DEATH
		LEADING TO DE s not mean the mode ure, asthenia, etc. It m	of dying, e.g.		enue		0 2 73
		complication which				0	
	Z	ANTECEDENT CAL	USES	Card	lis Vasculo	u Cenal	5 your
		S OR CONDITIONS,			ere a Heppe	Museir	1
		YING CONDITION	LAST.				
	OTHER :	H		(C) .		-1	
	₩ TRIBUTIN	SIGNIFICANT CON	T NOT RELATED				
		OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
	2 IA. ACCID HOMICIDE						YES NO
	HOMICIDE	ENT, SUICIDE, (Specify)	about home, far	CE OF INJURY (e. g., i m, factory, street, office bldg.,	etc.) INJURY OCCUR?	f in Baltimore City, g	ve exact location)
	Z 21D. TIME	(Month) (Day) (Yea	r) (Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
1	OF INJURY			HILE AT NOT WHILE			
	22. I herel	by certify that I a		2	13 150, to 7	3/ ,1950	that I last saw the
	deceased a		, 13 <sup>1</sup> , a	nd that death occur		he causes and on th	
	234 SIGNA	Wxohu	SOL	м. р.	38. ADDRESS BK32 Freely 184	aue	23c DATE SIGNED
	24A. BURIAL. TION_REMOVAL (		2	4C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town,	or county) (State)
	Burio	l. Aug. 2	.1950.7	rt. Olivet G	emetery. Bal	timore. n	rd.
	LOCAL REGIST	RAR HOLL	R'S SIGNATUR	tions, MI	25. FUNERAL DIRECTOR	0 0 000	ADDRESS
	AUG 1 19	50	A sale title	Santa Control Control	harles J. XICH	way. 3512-	Frederick-
	VS 150		· 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , , ,	V	1310	- HUE.



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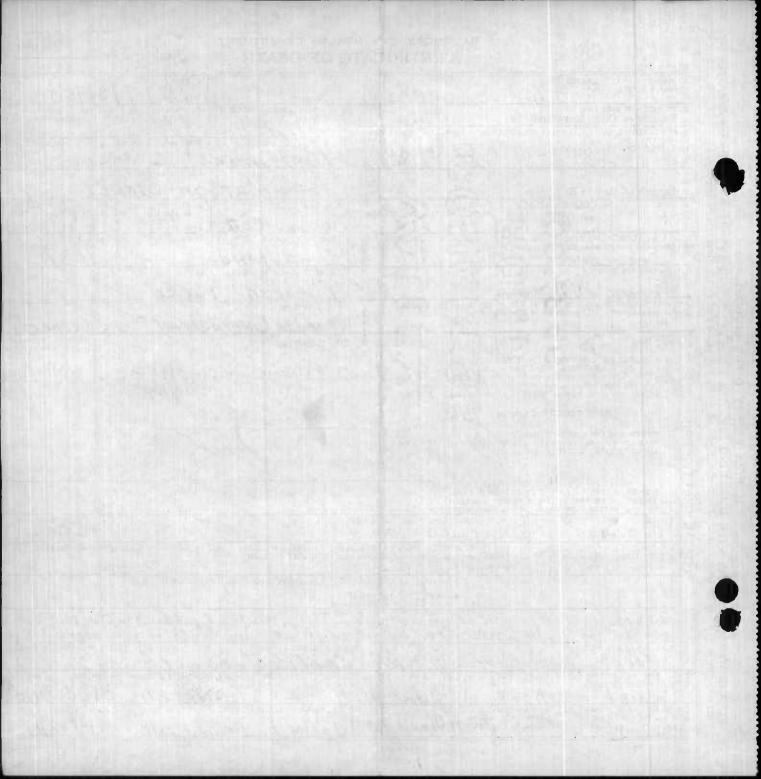
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6692

1	BIRTH NO.			OEITTII TOTTI	L OI DEAL			
	1. NAME OF D	DECEASED				2. DATE	-10	1_
	(Type or Print)	ETTA		OKROS		OF DEATH	7/3	0/50
	3. PLACE OF D				4. USUAL RESIDE	ENCE (Where deceased li		itution: residence before admission)
	B. FULL NAME	City, Maryland	pital or instituti	on, give street address or		B. COUN	111	before admission)
	HOSPITAL OR			location		(If outside corpora	te limits, w	rite RURAL and give
	INSTITUTION	SOUTH BA	1210.00		130/tu	more 2	5-0	township)
			0	HOS P.		SS (If rural, give locat	ion)	<u> </u>
	c I ength of	stay in Baltimore		Mos. Days	3306 N	ATSON S	TREE	T
	5. SEX	6. COLOR OR RAC	E 7. SINGLE	MARRIED.	8. DATE OF BIRTH	1 9. AGE (In ye	ears If Under	r 1 Year   If Under 24 Hours
	F	W	WIDOW	ED, DIVORCED (Specify)	D.1- 10	last birthda	ay) Months	s Days Hours Min.
-	10A. USUAL OC	CCUPATION (Give kind		OF BUSINESS OR	11. BIRTHPLACE	State or foreign country)	1 12	CITIZEN OF
	work done during most	of working life, even if retire	ed)	M + INDUSTRY		- /	12.	WHAT COUNTRY?
		STREES	ITANTS	11116.	MARAIN	PNO		USA.
	13. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME		
.	FRANI	C OKRO	25		1 hesesi	9 SERO		
	15. WAS DECEAS	ED EVER IN U.S. ARM	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	RESS
1	-	_		SECONITI NO.	Thoreso G	REEN STREPT	214	OPCHARD.
	18. / 7			CAUSE	OF DEATH			INTERVAL BETWEEN
1	1/	SE OF COMPLETO	N DIDECTLY	0/1002	OI DEATH			ONSET AND DEATH
		SE OR CONDITION	EATH	CVS	T ADENO	CARCINOMA	OF	8 MONTHS
	heart fail	s not mean the mod- ure, asthenia, etc. It n	neans the disease	e,	, , , , , , , , , , , , , , , , , , , ,			01,011/12
1	injury or	complication which	caused death.	.) DUE TO		OUARY		
		ANTECEDENT CA	USE\$					
	Z DISEASE	S OR CONDITIONS	LE ANY CIVIN	(B)	·····		*******	***************************************
.	RISE TO	THE ABOVE CAUSE (	A) STATING TH					
	DISEASE RISE TO UNDERL	YING CONDITION	LAST.					
	<u>u</u>			(C)				
	OTHER	SIGNIFICANT CON	IDITIONS CON					
	H TRIBUTIN	G TO THE DEATH, BU	UT NOT RELATE	.D				
		OF OPERATION		FINDINGS OF OPER	RATION			20. AUTOPSY?
-	Y DEC.	49 2	PEL	VIC TUMOR				YES NO
1	21a. ACCID HOMICIDE	ENT. SUICIDE.		CE OF INJURY (e. g.,			City, give	exact location)
	HOMICIDE	(Specify)	about nome, is	arm, factory, atreet, office bldg.,	etc.) INJURY OCCU	R?		
		(Month) (Day) (Yes	ar) (Hour)   ;	IE. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
	OF INJURY			WHILE AT NOT WHILE				
			m. )	WORK AT WORK	// 0 = 45	6/22	1=-	
		by certify that I o			120 1957	0, to 7/30		hat I last saw the
	deceased a			and that death occu	irea atiii.	, from the causes and		
	23A. SIGNA	TURE D	1-	120	23B. ADDRESS	+ C. 11	4 2	3c. DATE SIGNED
	24A. BURIAL,	CREMA- 24B, DATE	cooper	MILLEM. D.	ERY OR CREMATORY	24D. LOCATION (City	120	(State)
	TION BEMOVAL	Specify)	/ 2	C. NAME OF CEMETE	//	M LOCATION (CIG	, wil, or e	1 . J AA J
	TOURIA	/ 8-3-	50	CEDAR HI	//	MNNAPOL	15 13	100. 1114.
	DATE RECEIVE		R'S SIGNATU	RF11.	25 FUNERAL DIR	ECTOR	AC	DRESS
	71100		The store	VMILALLE, MIK	. lahar L	Dance	1	1-112114



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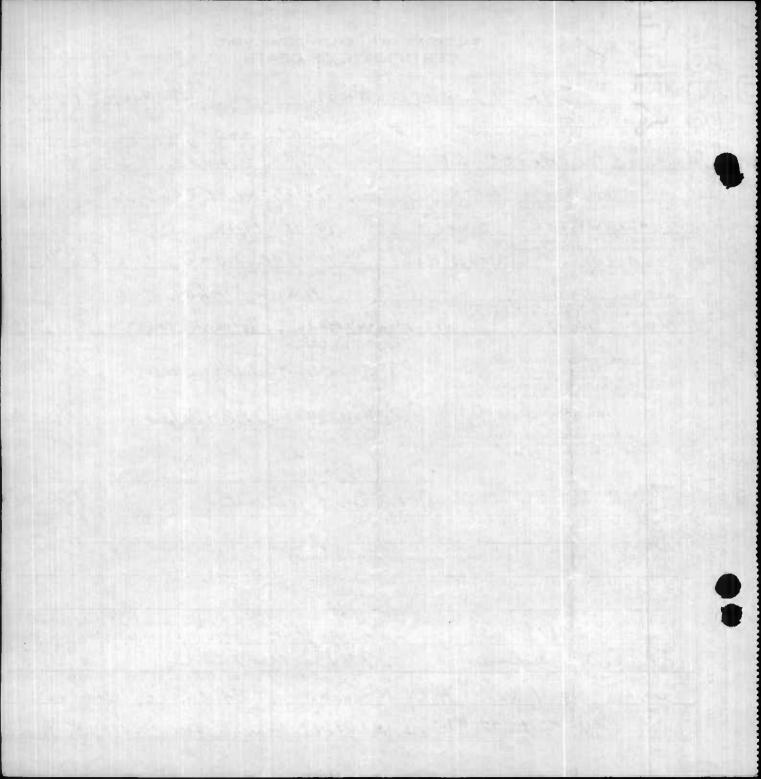
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BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF A
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY Jefore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  INSTITUTION  INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If fural, give location)
c. Length of stay in Baltimore  Days  5. SEX  6. COLOR R RACE  7. SINGLE, MARRIED, VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years of Under I Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekinder work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 1918 ROPKIRS MUSPITA:
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	our of the liver 2 type.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	ATION 20. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPER  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING  21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., or about home, farm, factory, street, office bi	ATION 20. AUTOPSY? YES NO nor 21c. WHERE DID (If in Baltimore City, give exact location)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	AATION  20. AUTOPSY? YES NO  nor 21c. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	ATION  20. AUTOPSY? YES NO  nor 21c. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., cause of Death 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from deceased alive on 1 1 2 2 2 2 4 2 3 SIGNATURE  23A. SIGNATURE  M. D.	ATION  20. AUTOPSY? YES NO  nor 21c. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?  ED 21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f.

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The same	specially	

11		50 6694 BALTIMORE CITY HEAL CERTIFICATE C		6694
ca. ly supplied. The legibly.	1. (T	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in bospital or institution, give street address or location)  1. NAME OF DEATH: A. Baltimore City, Maryland C. INSTITUTION  2227 W. PRATT ST.	USUAL RESIDENCE (Where deceased lived. If institus STATE B. COUNTY MARYLAND (If outside corporate limits, write T3ALT, MORE STREET ADDRESS (If rural, give location)	before admission)
nformation should be of death clearly and	5. 10 worl	5. SEX 6. COLOR OR RACE White TOAL USUAL OCCUPATION (Give kind of ork dooeduring most of working life, even if retired)  Solderer Brush Bands,  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, mo or ookoown)  (If yes, give war or dates of service)  7. SINGLE, MARRIED, WIDOWCED (Specify)  SINGLE  10. BRUSH BAND  11.  12.  14.  15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, mo or ookoown)  (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.		Days Hours Min.
INK. Every item please write the cau	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DEATH	Multo
H UNFADING Physicians: 1	L CERTIFIC	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION _   19b. MAJOR FINDINGS OF OPERATION _   10b. MAJOR FINDINGS OPERATION _   10b. MA	mellite :	9 Movels
RITE Y, WITH is especially important.	MEDICAL	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from deceased alive on 195, and that death occurred	21c. WHERE DID (If in Baltimore City, give ex INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  47 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	t I last saw the
PLEASE WRITE correct age is est	24 TIG	TION BEMOVAL (Specify)  APRIAL  8-4-50  HOLY REJECT  DATE RECEIVED BY REGISTRAR'S SIGNATURE  125.	PRECEDENCE AND STOLL FREDERIC	KAND.



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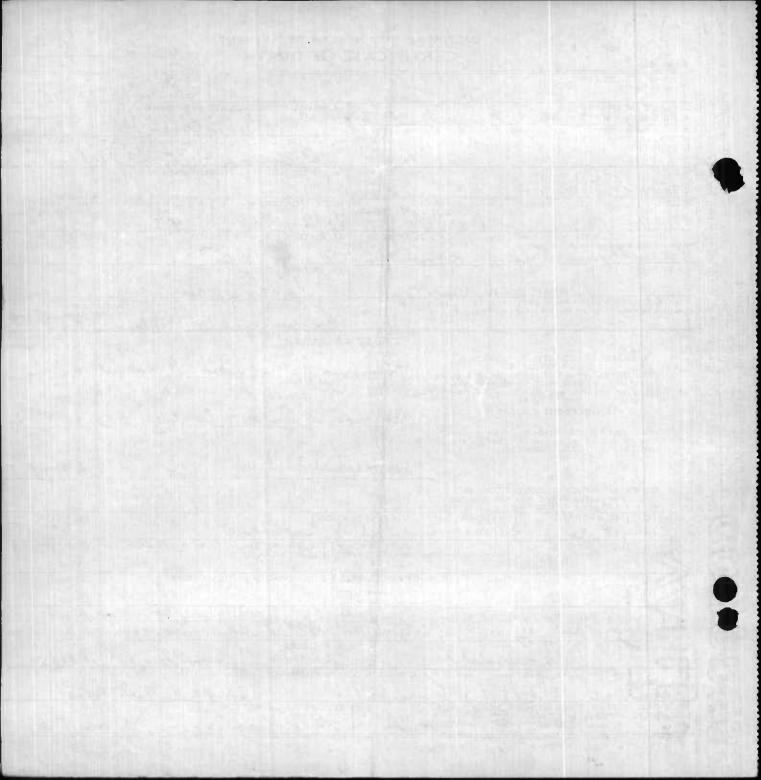
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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stored No	(Jaye)

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	ВІ	BIRTH NO. CERTIFICATE O	F DEATH	Registered No.	
	1.	1. NAME OF DECEASED Carbon Watern		2. DATE OF	21 10 4-1
	A.	3. PLACE OF DEATH: A. Baltimore City, Maryland & Grandlin Sq. 4. U. A. ST	SUAL RESIDENCE	(Where deceased lived, H ins	stitution; residence before admission)
	H	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR INSTITUTION	TY OR TOWN (	(Iroutside corporate limits, v	write RURAL and give township)
	c.	Yrs. D. ST Mos. Days		If rural, give location)	5300
	5.		18 - 1906	9. AGE (In years   Month	ter I Year   If Under 24 Hours ns: Days   Hours   Min.
	a	Issemblyman- Curplane - Slen L'Marlin Co	IRTHPLACE (State or	foreign country)   12	C. CITIZEN OF WHAT COUNTRY
		Demanin Tuatters	MALE.	DNL	
	15 (Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or detee of service) SECURITY NO.	o. margares	5 m. Walters.	9 Honeycomb
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	Pat. opens	ties, Bilateral	INTERVAL BETWEEN ONSET AND DEATH
	NO	ANTECEDENT CAUSES	, Difot &	Co glaga -	6 months
4	RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	e Zailur		2 days
	CERTI	TRIBUTING TO THE DEATH, BUT NOT RELATED			
	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	Esophagus		20. AUTOPSY?
	MEDI	MOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)	ic. Where did NJURY OCCUR?	(If in Baltimore City, give	e exact location)
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 OF INJURY  m. WHILE AT NOT WHILE AT WORK	1F. HOW DID INJUI	RY OCCUR?	
		deceased alive on the deceased from deceased alive on the deceased from the de		the causes and on the	
0	24	23a. SIGNATURE M. D. 23B. AE 24a. BURIAL. CREMA-V24B. DATE 24C. NAME OF CEMETERY OR	aubles of	LOCATION (City, town, or	23c. DATE SIGNED  7/31/50  county) (State)
	T10	Removal 8/2/50 Elmwood	UNERAL DIRECTOR	epardstown,	West. Va.
	LC	LOCAL REGISTOSO Tunkington Williams, M. 21	m. Good	mc. 1212 St.	Paul St

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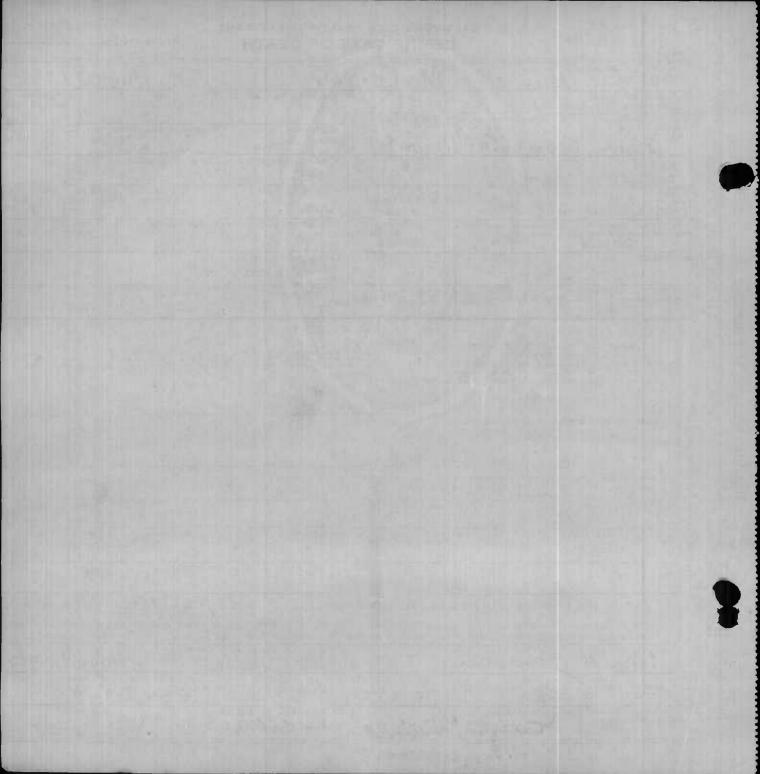
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50	6696
RTH NO.	

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	COOL
Registered	No_	6696

	NAME OF DI Type or Print)	Muti	e/	Mc	Cdr	thy	,		2. DATE OF DEATH	Ru	945t1,	1950
A.		City, Maryland				A. 5	SUAL RESIDE	NCE (W	here deceases			esidence admission
	FULL NAME	OF (If not in hospit	1 00	7	eet address or location)		TY OR TOWN	(TF	outside como	note limi	ts, write RURA	Landain
	UNION	n Memo	ridi	Hosp	ital	11	altimore	(11	27	- 3	as, write RORF	township
	24			-	Yrs.		TREET ADDRES			ation)		
C	Length of st	tay in Baltimore			Mos. Days	1	632 Woods	mont.	Avenue			
5	. SEX	6. COLOR OR RACE		E. MARRIE	D. CED (Specify)	A .	TE OF BIRTH		9. AGE (In		If Under   Year   If onths: Days   H	Under 24 Hours
t	emole	White				JI	me 3, 188		66			
wor	k done during most o	CUPATION (Give kind of f working life, even if retired) WLL 0	10B. KINI	O OF BUSI	NESS OR INDUSTRY	v	ustralia	tate or 10	reign country	7)	12. CITIZEN WHAT C	OF
13	3. FATHER'S N	IAME				14. N	OTHER'S MAI		AME			
	Patr	ick T. Maron	oj.			110	Pebecce	2	?			
15 (Ye	S. WAS DECEASE s. no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCI	AL JRITY NO.	17.1	thur lac	lis.	5632 No	odnor	DDRESS	
	1 10 1	n 1			CAUCE			, ,	7-21			BETWEE
	18. 47	V , 1 1			CAUSE				-			ND DEATH
		E OR CONDITION LEADING TO DEA	TH			01	FOND	TU/	Vis	Lbs	e	
	heart failu	not mean the mode ore, asthenia, etc. It mea	ans the diseas	se,		*************	**********************	/				• • • • • • • • • • • • • • • • • • • •
	injury or	complication which		h.) DUE	го							
		ANTECEDENT CAU	SES	(B)								
Z		OR CONDITIONS.		NG		**********	** * * * * * * * * * * * * * * * * * * *			************		
ATION		HE ABOVE CAUSE (A)		ne roc								
				(0)								
RTIFIC	OTHER S	II IGNIFICANT COND	ITIONS CO									
ER	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	FD								
C					S OF OPER	RATION					20. AU	TOPSY?
AL											YES	NO V
EDIC/	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., etc. CAUSE OF DEATH.					IC. WHERE DI NJURY OCCUR		f in Baltimo	re City,	give exact loca	ation)	
M	210. TIME ( OF INJURY	Month) (Day) (Year,		21E. INJUF	NOT WHILE		1F. HOW DID	INJURY	OCCUR?			
	22. I certif	y that I took char	cae of the			abovc.	held an	Lusi	pect	In	thereon o	and from
							A	utopsy.	nspection or	Inquiry		
	and dec	dence obtained by ath in my opinion	resulted j	from: nat	ural cause:	s H,	y, jina inat s iccident □, s	suicide	deasea aie □, homicie	$de \square$ , $i$	re aay state indetermine	$d \square$ .
	23A SIGNAT	H. Kar	nne	2,3	• M	A	3B. CHIEF MED SSISTANT MED EDICAL INVES	DICAL E	EXAMINER	23	TUGUST	NED . 1950
TI	4A. BURIAL. CON. REMOVAL (S	pecify:				ERYOR	CREMATORY	240. LC				(State)
D	ATE RECEIVED	BY   REGISTRAR	S SIGNATL	RF.	THE STATE OF	25. F	UNERAL DIRE	CTOR			ADDRESS	
75	POG ZEGISTS	50 Hins	the ton	Which	4.HAR	N	w. book,	Inc.	1217 St	. Fat	il Street	/
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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Maril	SEN PROPERTY AND IN	Mary Mary 1, 1, 1					14	ral	



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please INK.

important.

NFADING UNFADING Physicians:

FOR

RESERVED

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N

2. DATE OF HETZEL BARROW LILY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION MD. GENERALHOSPITAL township) BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. MIOS: c. Length of stay in Baltimore 2834 ST. PAUL Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years | If Under | Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 9. AGE (In years) 9-4-76 WIDOWED 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? U.S.A MARYLAND 40USEWIFE HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACOB HETZEL SOPHIE BACHMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. DECEASED 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 48 HRS PERITONITIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES PERFORATED ILEUM DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) DISRUPTION OF SUTURE ī RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED STRANGULATED INTERNAL H ERNIA Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA STRANGULATED 6-20-50 INTERNAL HERNIA YES 21B. PLACE OF INJURY (e. g., in or 21c., WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-۵ LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH (Day) (Year) (Hour) 21E. INJURY OCCURRED 21D. TIME (Month) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK . 1950 to 7 - 31 22. I hereby certify that I attended the deceased from... , 19 50that I last saw the , 1950. and that death occurred at 8 45 P.m., from the causes and on the date stated above. deceased alive on 7 - 31 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2834 ST. PAUL 7-31-50 24A. BURTAL, CREMA-

DATE RECEIVED BY LOCAL REGISTRAR

+ mation

REGISTRAR'S SIGNATURE

24B. DATE

25. FUNERAL

24c. NAME OF CEMETE

Sal

24D. LOCATION (City, town, or county)

VS 150

DIRECTOR

JION, REMOVAL (Specify

A PART OF THE PROPERTY OF THE THE R. P. LEWIS CO., LANSING MICH. LANSING M way and the same of the same o

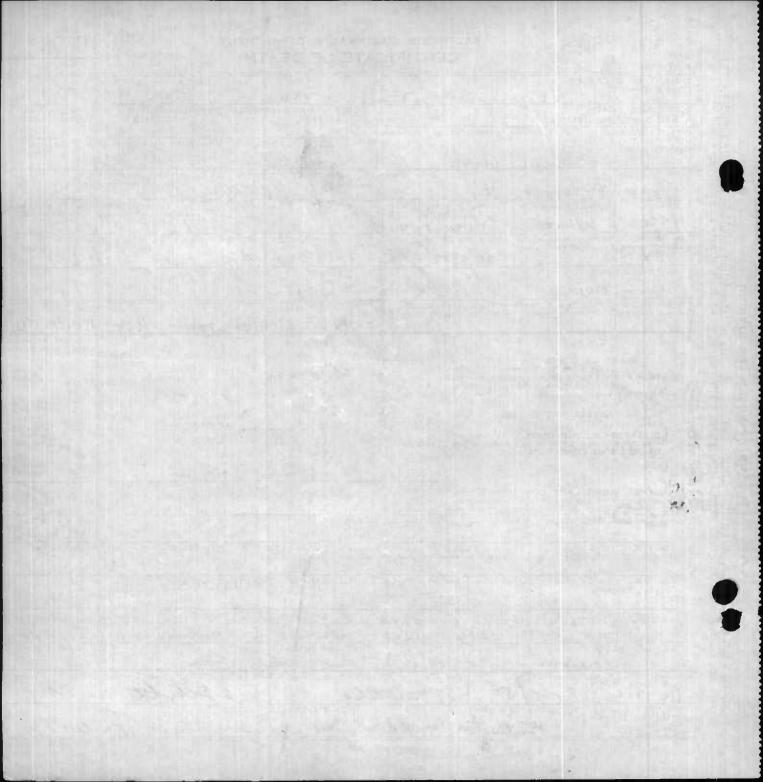
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	WRI	ge is
	PLEASE WRITE	correct age is especially important.

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

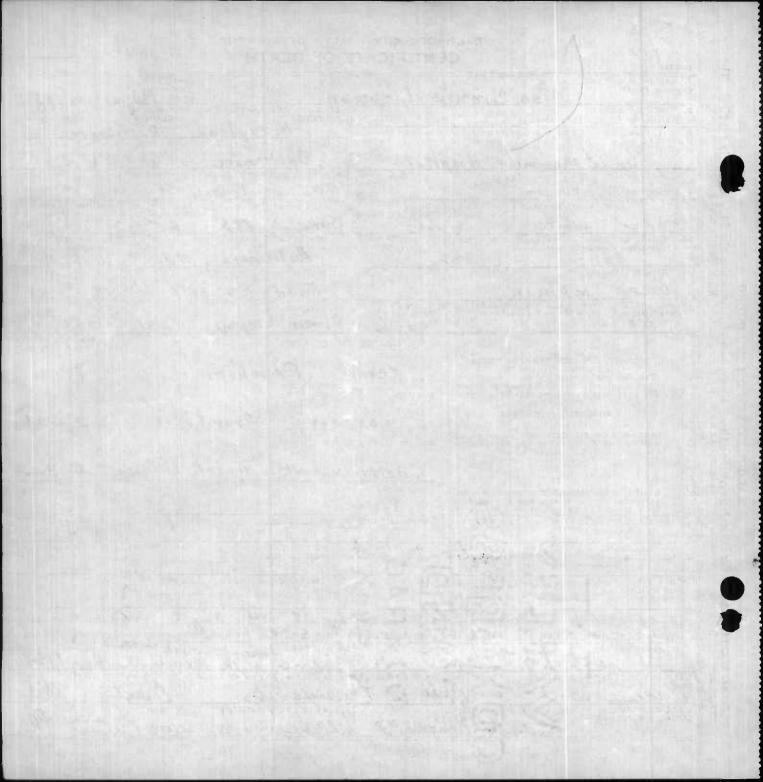
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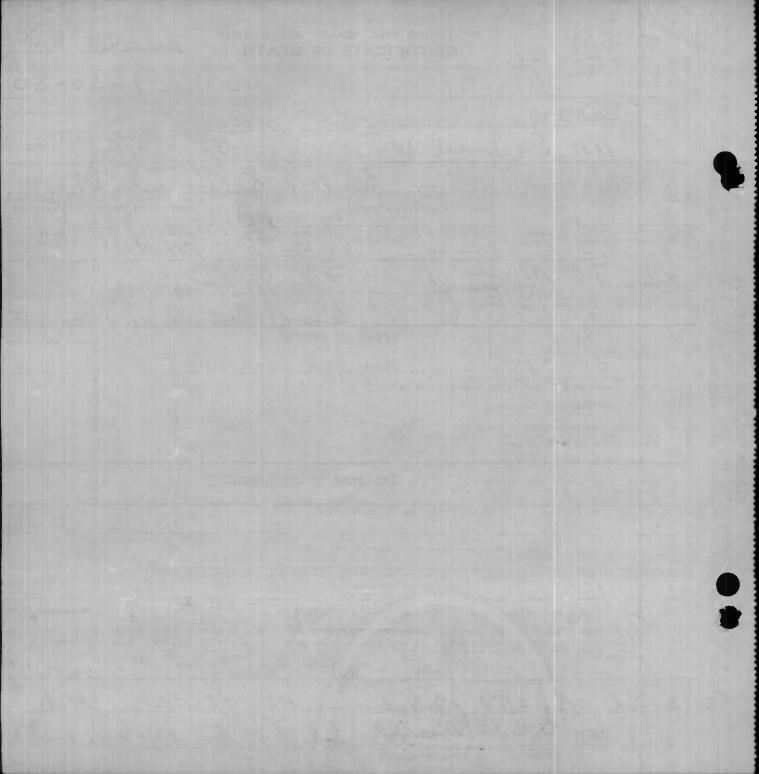
	BIRTH NO.						
(T	NAME OF DECEASED Abraham Lichten	stein	2. DATE OF DEATH	15-0			
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W)	here deceased lived. If ins	titution : residence before admission)			
В.	FULL NAME OF (If not in hospital or institution, give street address or	md					
	OSPITAL OR location)	1 2000	outside corporate limits, w	rite RURAL and give township)			
7	Denae Horp	Baltimore 6-64 township)					
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
Contract of the last of the la	Length of stay in Baltimore T Days	1833 E La					
5.	SEX 6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years I Und last birthday) Month	or 1 Year   If Under 24 Hours   Si Days   Hours   Min.			
	MAITE SEPARATED		75				
worl	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR k done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or for	reign country)   12	. CITIZEN OF WHAT COUNTRY?			
	SEXTON SYN 2909UE	POLAND U.S.G					
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	SOLOMON	139119					
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  m. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT		RESS			
		LEON LICHTENST	-ein- 4608	REIST. RO			
	18. (07.) . CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY			ONSE! AND DEATH			
	(This does not mean the mode of dying, e.g., (A)						
1	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD						
Z	ANTECEDENT CAUSES  (B)  Cor yulmonale						
HOL	DISEASES OR CONDITIONS, IF ANY, GIVING						
4	UNDERLYING CONDITION LAST.						
TIFIC	(c) Chronic Bronchitis						
OTHER SIGNIFICANT CONDITIONS CON-							
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED			145.00			
O	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER.	ATION		20. AUTOPSY?			
AL				YES NO			
EDICA	21A. ACCIDENT. SUICIDE.  21B. PLACE OF INJURY (e. g., in or   21c. WHERE DID (If in Baltimore City, give exact   HOMICIDE (Specify)						
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	ED 21F. HOW DID INJURY	OCCUR?				
	m. WHILE AT NOT WHILE						
	22. I hereby certify that I attended the deceased from 7/29/5019, to 8/1, 195, that I last saw the						
	deceased alive on \$ / 1, 19 5 and that death occurred at 16 A m., from the causes and on the date stated above.						
	23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED						
	Jenne / Leolly M.O.	Amar N	-orga	8/2/58			
24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LO	CATION (City, town, or	county) (State)			
	BUR144 8/2/50 19 oxedal	e l	perket -	- Mel.			
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	A	DDRESS			
1	MIG 2 1950 Huntington Milliams, Mal	Jack Leurs Ine	- 2100 Eu	the FLi			
7	VC (FO	/					
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NDING	PLEASE WRITE A. Y. WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING	y item of
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	PLEASE sorrect age

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	BI	RTH NO. CERTIFICAT	E OF DEATH Registered No.	
	1.	NAME OF DECEASED	2. DATE	
	(T	ype or Print) Miss Minnie Liepm	of DEATH ALLOWS	f 1. 1950
		PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived if inst	
		Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address of	A. STATE M 3 KK land B. COUNTY	before admission)
	H	OSPITAL OR location		rite RURAL and give
	IN	RESTITUTION Responsed Hospital	Baltimore 13-0	township)
21		45 Yrs.	o. STREET ADDRESS (If rural, give location)	-
00	c.	Length of stay in Baltimore  Mos. Days	908 Whitelock St.	
7		SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Unde	r I Year   Il Under 24 Hours
2	F	Emple White WIDOWED, DIVORCED (Specify	June 20 1885 last birthday) Month	B Days Hours Min.
113		A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF
Ica	work	a dooe during most of working life, even if retired)	Baltimare my	WHAT COUNTRY
2	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	S. A.
car		Oscar Liepman	1-11011	
3	15	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Fuld Kachel	
5	(Ye	s, no or ookoowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	POLIO
Tac	-	Nenc	Elmer Liepman 2314500	1 1000
Car		18. 4 70. 0 CAUSE	OF DEATH	ONSET AND OFATH
IIC		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	byal Embolism	21
מ		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	oral Enolism	J nrs.
		injury or complication which caused death.) OUE TO		
5		ANTECEDENT CAUSES	4 1 .	
200	Z		onary thrombosis	2 weeks
bid	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO		
22	CA	UNDERLYING CONDITION LAST.	1/ + 0 .	
12	IL.	(c) Arter	oscleratio Heart Disease	6 years
SIC	RTI	OTHER SIGNIFICANT CONDITIONS CON-		0
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED NOT TO THE DISEASE OR CONDITION CAUSING IT.		
		194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
Lite	A			YES NO
Lra	EDICAL	21A. ACCIDENT. SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office hidg.		exact location)
Tho	ME			
	2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY	RED 21F. HOW DID INJURY OCCUR?	
11.		m. WHILE AT NOT WHILE AT WORK AT WORK		
Cla		22. I hereby certify that I attended the deceased from.		hat I last saw th
Spe		deceased alive on Aug. 1, 1950, and that death occu	erred at 5 30 Pm from the rauses and on the	
es es			23B. ADDRESS (Jan)	3c. DATE SIGNED
12		Alfred J. Nelson M.D.	Baltisane 18 Mareland	Aug 1,1950
200	24	4A. BURIAL, CREMA- 24B. DATE   24C NAME OF CEMET	THY OR CREMATORY 24D. LOCATION (City town, or	coun(1) (State)
	TIC	Paramel 8-3-50 kloberen Ja	newdship falto	Ma
orrect	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS O
2	L	CAL REGISTRATE VALIGUE MA	Yall being her 2006.	tow the
	-		my two yet alvo bu	
		VS 150		930





UNFADING INK. Every item of information should be Physicians: please write the causes of death clearly and legibry MARGIN RESERVED FOR BINDING PLEASE WRITH LA Y, WITH correct age is especially important.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6701 Registered No.

BIRTH NO.	UN V U Z							
1. NAME OF DI (Type or Print)	Francis	J. Mo	Keever			OF AU	g.1, 1	950
3. PLACE OF DE				4. USUAL RESID			. If institution	
HOSPITAL OR	OF (If not in hospite) (1910 W. Nor		ion, give street address or location)	c. CITY OR TOWN		de corporate li	mits, write RU	JRAL and give township)
c. Length of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDR	NESS (If rural,	Ave.		
Male	6.COLOR OR RACE White	Mari		May 30,18	888	62	Il Under 1 Year Months Days	Hours Min.
Supt.	CUPATION (Give kind of f working life, even if retired)	alver	INDUSTRY	Conn.	(State or foreign	country)	12. CITIZ WHA	ZEN OF T COUNTRY?
	Known			Not K				
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war nr date	FORCES? s of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	McKeever	2910	ADDRESS W. Nort	h Ave.
DISEASES RISE TO THE UNDERLY	not mean the mode of the asthenia, etc. It mea complication which of anticomplication which of anticomplication which of anticomplication conditions, if the above cause (A) ing condition Landing Condition Landing Condition	ns the diseas caused death SES F ANY, GIVIN STATING TH	(B)	<i>'</i>				
TRIBUTING	GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION F OPERATION	NOT RELATE	FINDINGS OF OPER		<b>+</b> 0		20.	AUTOPSY?
2 (L. ACCIDI LYING OR CAUSE OF I	ENT WAS UNDER CONTRIBUTING	21B. PLA about bnme, f	DE OF INJURY (e. g., Ir arm, factory, street, nffice bldg., e	or 21c. WHERE			yes y, give exact	
21D. TIME (	Month) (Day) (Year)	` '	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DIE	D INJURY OCC	CUR?		
deceased al			deceased from 3	alle di	o, to / Q	uges and or	the date si	last saw the tated above.
	2.2.0	Vic	м. о.	920 At	- Paul		12 au	ATE SIGNED
24A, BURIAL, C TION, REMOVAL (SI Urial	8-4-19	50 1	Ac. NAME OF CEMETER  Moreland Men	.Park	Balto	CO.,		d.
AUG 2	BY REGISTRAR		Williams, State G	.Howard S		207 W.N	ADDRES	
VS 150		0	To and the Comment of the Comment	1 -			.1-	1

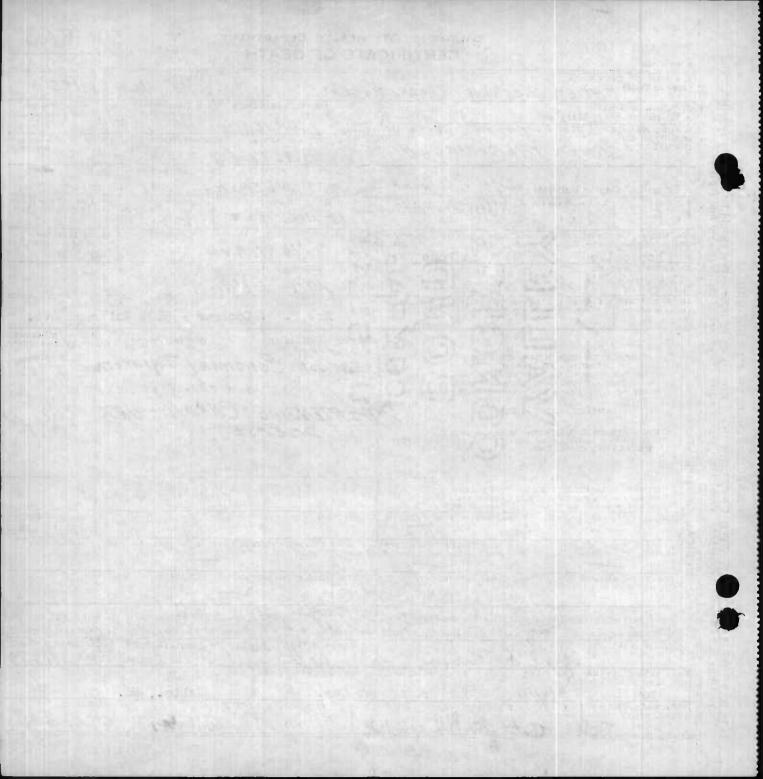
In Foreix E Wice 920 SI Fe, cel Living Lines of the Party

a VS 150 CITY HEALTH DEPARTMENT Registered No 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. Winstitution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location 9. AGE (in years | M Under 1 Year | M Under 24 Hours | Months Days | Hours | Min. 85 12. CITIZEN OF WHAT COUNTRY? NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (If in Baltimore City, give exact location) 19 10, that I last saw the 23c. DATE SIGNED

ADDR66S



before admission) (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) KOAD 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? 11519. Mr. R. G. Cochran - 3105 Walbrook Ave. THRONBOSIS E INTERVAL BETWEEN and diterioscleratic 20. AUTOPSY? (If in Baltimore City, give exact location) 1950 that I last saw the p.m., from the causes and on the date stated above. Memoral Hory 23c. DATE SIGNED 246. LOCATION (City, town, or county) ADDRESS VS 150 · Sallai



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#### BALTIMORE CITY HEALTH DEPARTMENT

	50	Olayon .
Registered	No	6704

BIRTH NO			CERTIFICATI	E OF DEAT	H	10
BIRTH NO.	DECEASED				10.047-	
(Type or Prin	(Miss) E	ugenia	Honeywell			y 31, 1950
3. PLACE OF	DEATH:			4. USUAL RESIDI	ENCE (Where deceased lived, If	institution; residence before admission)
A FULL NAM	e City, Maryland	al or institut	ion, give street address or		ylandalvert Et.	before auminion,
HOSPITAL C	OR .		location)	C. CITY OR TOWN		
NSTITUTIO	N Jenkins Memor	ial Hos			ore, Maryland	township)
7			Yrs. Mos.		ESS (If rural, give location)	
	f stay in Baltimore	Life	Days	1	alvert Street	
5. SEX	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last hirthday) Me	Onder 1 Year   H Under 24 Hours onths: Days   Hours   Min.
Female	White OCCUPATION (Givekindof	5	Single	3/9/1861	State or foreign country)	
rk done doring m	cost of working life, even if retired)	IOB. KINL	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Non	8			Baltimor	e, Md.,	
3. FATHER	SNAME			14. MOTHER'S MA	IDEN NAME	
	John Honeywell			Frances S	mith	
5. WAS DECE es, no or unkno	EASED EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
1 /	. /					
18. 4	43× .		CAUSE	OF DEATH		ONSET AND DEATH
DIS	EASE OR CONDITION	DIRECTLY			Company of the Compan	
	LEADING TO DEA	TH	1/3/	1005		2
(This	does not mean the mode of	of dying, e.	g., (A)	/	ENSIVE CA	RUIO
in inrv	ailure, asthenia, etc. It mes or complication which	ans the diseas	se,		DISCASE	
			0175	COLMA	NIJENOE	7.2
	ANTECEDENT CAUS	SES				
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DISEA	SES OR CONDITIONS, I					
	RLYING CONDITION LA		NE 502 10			
			(C)			
OTHE	R SIGNIFICANT COND	ITIONS CO	N-			
TRIBU	TING TO THE DEATH, BUT	NOT RELAT	ŁD .			
	E OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
I SA. DAI	O O ENATION O	DD. MACOR	THE THOSE OF OFER	ALTON A		YES NO
		1 01 =		1.010	up de la Palais d'il	
HOMICIE	IDENT, SUICIDE. (Specify)	about bome.	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE D		give exact location)
21p. TIM	E (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DIE	INJURY OCCUR?	
OF INJU			WHILE AT   NOT WHILE			
		m.	WORK AT WORK			
22. The	reby certify that, I att	tended the	deceased from	10	, to, 19	, that I last saw th
3	daling on 7	10	and that don't access		, from the causes and on t	he date stated chance
		_, 19_00.		3B. ADDRESS	, from the causes and on t	23c. DATE SIGNED
23A. SIG	NATURE		1/1 , 2	100	11,	23C. DATE SIGNED
6	to un &	-	* M.D		egres 100%.	1/ 5//63
24A. BURTA	L. CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (Cos, town	or (ounty) (State)
Buri			New Cathedra	1	Baltimore, Md	
DATE RECE	IVED BY REGISTRAR	SSIGNAT	4751.	25. FUNERAL DIR	ECTOR	ADDRESS
LOCAL REG	10ED	water	YMURALLY HAR	W/m. 119	ilo e Let	N & Pa. A
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11-	- 0		DALTIMODE CITY II			
1	50	6'705		E OF DEATH	Registered N	6705
	BIRTH NO.		CERTIFICAT	E OF DEATH	Aregistered 11	
	I. NAME OF D	ECEASED			2. DATE	
	(Type or Print)	LOUISE An	na Bury		DEATH July	30, 1950
	Bolting			4. USUAL RESIDENCE (W		nstitution : residence
	B. FULL NAME	City, Maryland	al or institution, give street address of	36	B. COUNTY	before admission)
	HOSPITAL OR	Ot I not in now pre	location		outside corporate limits	write RURAL and give
	NSTITUTION	2405 Maryla	nd Avenue	Baltimore	9-08	township)
	2.9	~40)	Yrs.	D. STREET ADDRESS (If	curai, give location)	
1	- Tonoth of o	ton in Deltinon	Mos.	718 E. 20th Str		
	S. SEX	tay in Baltimore	Days 7. SINGLE, MARRIED.	8. DATE OF BIRTH		Under 1 Year   It Under 24 Hours
	female		WIDOWED, DIVORCED (Specify		last birthday) Mon	
		white	Widowed	7/24/69	81	
WC	OA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
	Housev			Baltimore, Md		WILAT COOKING
	3. FATHER'S	NAME		14. MOTHER'S MAIDEN NA	ME	
		Kornm	ann	Anna		
		ED EVER IN U. S. ARMED		17. INFORMANT	Δ.Γ	Darce
G	(es, no or nnknown) No	(If yes, give wer or date	of service) SECURITY NO.	Mrs. Ethel M.	Hitchens 2039	Pres Hampshir W. Wash D.C.
-	1 . /				14.	INTERVAL BETWEEN
	18. 4.	JIXI	/ OX CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA	F11			
		s not mean the mode oure, asthenia, etc. It mea	of dying, e.g., (A) RUPLUE	ed aneurysm of ab	dominal aorta	******
		complication which				
		ANTECEDENT CAUS	SES			
			General General	ized arterioscler	osis	
FRTIFICATION	DISEASE	S OR CONDITIONS, I				
Ē	UNDERL	YING CONDITION LA	ST.			
10			(C)			*****
i i	07:150	11	<b>TIONS</b>			
H	TRIBUTING	GIGNIFICANT CONDI		ma of breasts		
Į.		ISEASE OR CONDITION	CAUSING II.			
	. ISA. DAIL C	F OPERATION 1	9B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY7
4			1 21B. PLACE OF INJURY (e.g.,	n or   21c. WHERE DID (II	in Baltimore City, gi	YES X NO
FDICAL	UNDERLYIN	NAL CAUSE WAS	about home, farm, factory, street, office bldg.,		, in Datemore Orty, gr	ve exact tocation)
li Li	UTING []	CAUSE OF DEATH.				
Σ	OF INJURY	(Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR7	
	OF INJURY		m. WHILE AT NOT WHILE			
	22. I porti	fu that I took char	ge of the remains described	thove held an all	topsv	thereon and from
1				Autopsy, I	nspection or Inquiry	
	the evi	idence obtained by	said Autopsy, Inspection or resulted from: natural cause	Inquiry, find that said de	ceased died on the	day stated above,
	23A. SIGNA		A Court of the Cou	238. CHIEF MEDICAL E		
	1	- //	N( )	ACCICTANT MEDICAL F	VAMINED OF -	

DATE RECEIVED BY AL ZEGIGTS0 151

Burial

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24F. DATE

8/3/50

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Loudon Park

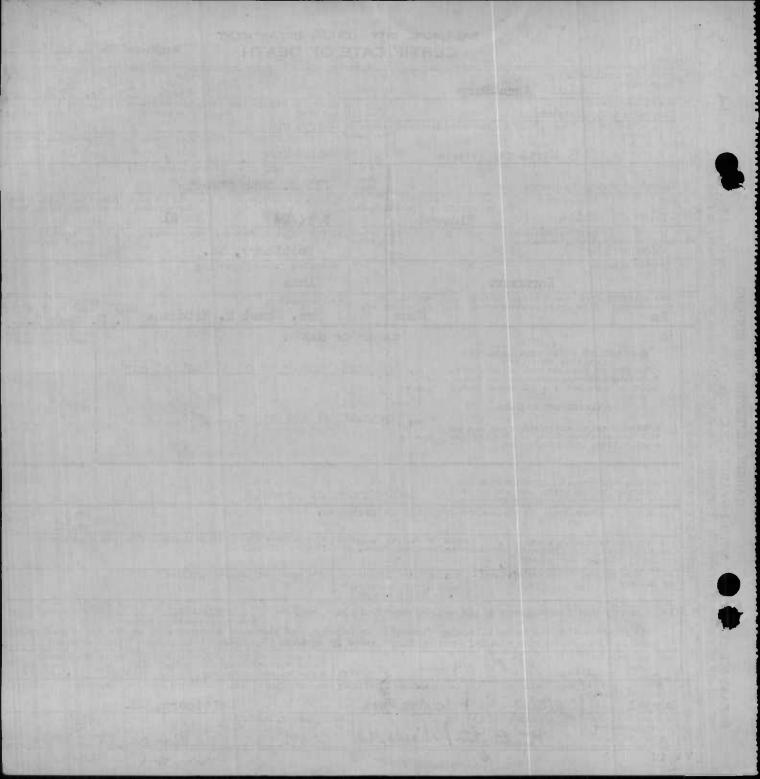
24c. NAME OF CEMETERY OR CREMATORY

Baltimore 25. FUNERAL DIRECTOR

MEDICAL INVESTIGATOR .....

ADDRESS

24D. LOCATION (City, town, or county)



MARGIN RESERVED FOR BINDING

PLEASE WRITE LA LY, WITH correct age is especially important.

#### BALTIMORE CITY

В	IRTH NO.	TE OF BEATH	
	NAME OF DECEASED Type or Print)	2. DATE OF ( .	22
3.	PLACE OF DEATH:	DEATH \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 30, 153 7 finstitution: residence
-	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address	A. STATE B. COUNTY	before admission)
H	FULL NAME OF (If not in hospital or institution, give street address location (STITUTION)		ts, write RURAL and give
3	UNIVERSITY HOSPITAL	BAL TIMOBE	- 0 2 township)
	3/ Yrs Mos		
	Length of stay in Baltimore Day  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED	s 219 PEARL SI	H Under ) Year   II Under 24 Hours
	Male Negra WIDWED, DIVOFFED (Specif	7 7 1880 7 ast birthday) M	onths Days Hours Min.
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6	vaccimin glass to.	77.6.	W.S.W.
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	wherow	Q.
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  no or nuknown) (If yes give war or dates of service) SECURITY NO.	TO THE OWNER AND ALLE	15/9-11406
	18. 570.3 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,	OREMIA	5 days
	injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	Alle A Louise Neils and	-1
ō	DISEASES OR CONDITIONS, IF ANY, GIVING	NURIA, Lower Nephron	3 days
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		100
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	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED DOUBLE BO	arrelad Colostomy,	
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION () 0/YU / US		20. AUTOPSY?
0	21A. ACCIDENT, SUICIDE,   218. PLACE OF INJURY (e. g.		give exact location)
MEDIC	HOMICIDE (Specify) about home, farm, factory, street, office blds	s.,etc.) INJURY OCCUR?	
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F, HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from.		o, that I last saw the
	deceased alive on 7/29, 1950, and that death occ	urred at 7 A m., from the causes and on t	
	Charles L. Henderson M.D.	UNeversity Hozpital	23c. DATE SIGNED
2	A. BURIAL CREMA- 24B DATE 24C. NAME OF CEMP	ERY OR CREMATORY   24D. LOCATION (City, town	
1	June 0/2/20 / 1/W, V	alray.	
D	OCAL REGISTRAR'S SIGNATURE	25 FUNERY DIRECTOR	ADDRESS
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### BALTIMORE CITY HEALTH DEPARTMENT

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The	BI	RTH NO.	ERTIFICATE	E OF DEATH	registered 1102	
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supplied.		PLACE OF DEATH:	Zaran	4. USUAL RESIDENCE (W		itution : residence
ddı		Baltimore City, Maryland Baltimore	Maryland	A. STATE	B. COUNTY	before admission)
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Ily		ISTITUTION	1004110117	c. CITY OR TOWN (If	outside comporate limits, w	rite RURAL and give township)
2		926 Calors O	۰	Baltimore	1-0	
010			Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
leg	c.	Length of stay in Baltimore	Days	1926 Cator	ane	
be	5.	SEX 6. COLOR OR RACE 7. SINGLE.	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   It Under last birthday) Months	I Year II Under 24 Hours
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ion	13	FATHER'S NAME		Ballemore III a	ugland	
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de		Edward Gullen	1765 L 474	Harry ann	Clark	
information s of death cl	(Yes	S. WAS DECEASED EVER IN U, S. ARMED FORCES?  1. no or onknown) (If yes, give war ar dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDF	ESS
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Hir		injury or complication which caused death.)	DUE TO	-910192011	14 NIZEGIE	
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7 75	∢	UNDERLYING CONDITION LAST.				
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NFADING hysicians:	F		(C)			
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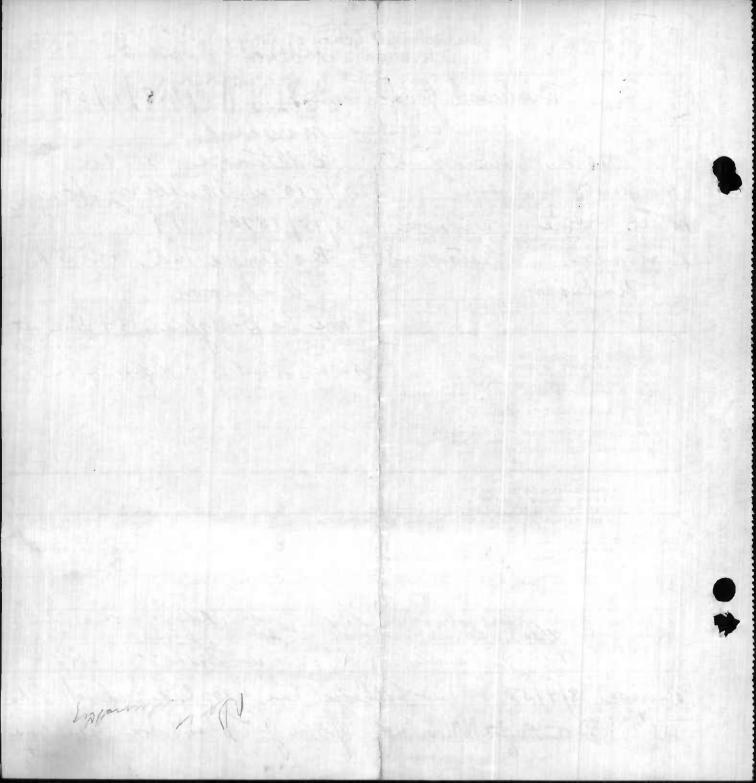


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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE. Frederi OF DEATH & 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CIT INSTITUTION Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED AGE (In years | Under | Year | H Under 24 Hours | last birthday) Months: Days | Hours: Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) idower 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of worklog life, even if retired) INDUSTR WHAT COUNTRY 13. FATHER'S NAME MAIDEN NAME nknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or nuknown) (If yes, give war or dates of service) SECURITY NO 18. CAUSE INTERVAL BETWEEN ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. ERTIFICA (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDIC, 21B. PLACE OF INJURY (e. g., in or (If in Baitimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 4 3', 19 5, that I last saw the 22. I hereby certify that Vattended the deceased from\_ 1950, and that death occurred at 2 deceased alive on from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. PATE SIGNED 24A. BURIAL. CREMA-248. DAT 24c. NAME OF CEMETERY REMOVAL (Specify) urial DATE RECEIVED BY ADDRESS REGISTRAR'S FUNERAL ALIG 2 195

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BIRTH NO.
1. NAME OF DECEASED (Type or Print)
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## BALTIMORE CITY HEALTH DEPARTMENT

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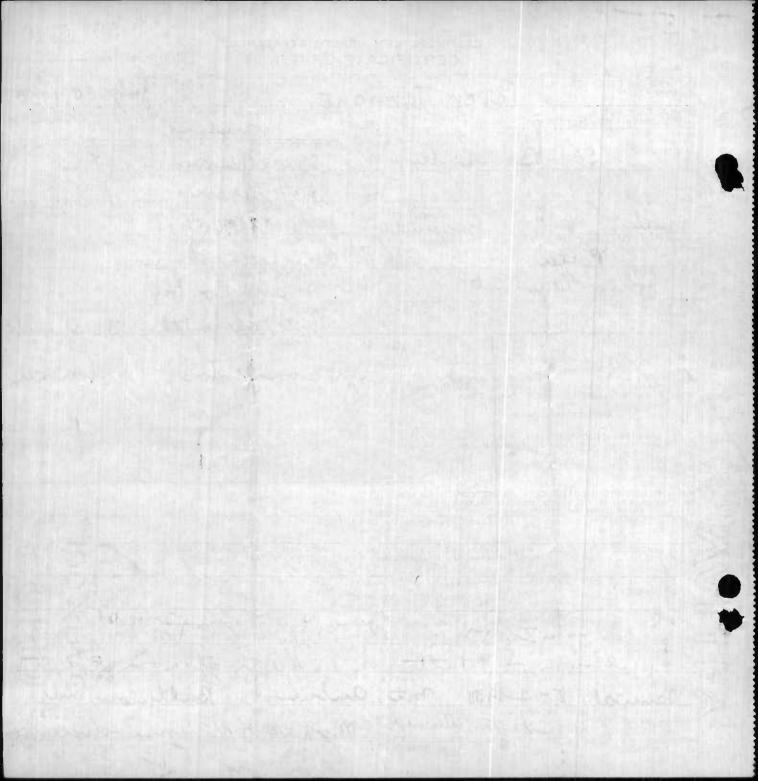
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ВІ	RTH NO.		CE	ERTIFICATI	E OF DEATH	Registe	ered No.
	NAME OF D	ECEASED	Peter	Tenna	14+	2. DATE OF	July 30 1950
	PLACE OF D Baltimore (	EATH: City, Maryland	1000	TONTIA	4. USUAL RESIDENCE	DEATH CE (Where deceased h	ived. If institution : residence ITY before admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hos	pital or institution,	give street address or location)	c. CITY OR TOWN	If outside corporat	te limits, write RURAL and give
- (	10	301 13	me -	Yrs.	D. STREET ADDRESS	(If rural, give locati	1/-0.5
		tay in Baltimore		Mos. Days	53/13	rune	
5.	nale	6. COLOR OR RAC		ARRIED. DIVORCED (Specify)	Suly 13.0	9. AGE (In ye	ears If Under 1 Year Munder 24 Hours Min.
10 work	A. USUAL OC done during most o	CUPATION (Give kin of working life, eyen if retir	(ed)	BUSINESS OR INDUSTRY	1. BIRTHPLACE (State	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME =	1 80	D G	14. MOTHER'S MAID	EN NAME	2001
	John	n Oens	rant		many	Conbuy	•
15 (Yes	, no or unknown)	D EVER IN U.S. ARI	AED FORCES? 16 ates of service)	SECURITY NO.	17. INFORMANT	indensity.	ADDRESS
CERTIFICATION	(This does heart failus injury or DISEASE RISE TO TUNDERLY	SE OR CONDITIO LEADING TO DI not mean the mod ire, asthenia, etc. It r complication which ANTECEDENT CA SOR CONDITIONS HE ABOVE CAUSE ( YING CONDITION  II SIGNIFICANT CON STO THE DEATH, B DISEASE OR CONDIT	EATH le of dying, e. g., neans the disease, h caused death.)  LUSES  IF ANY, GIVING A) STATING THE LAST.  NDITIONS CON- UT NOT RELATED	(A)			6 houth
٦		OF OPERATION		NDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLACE about home, farm,	OF INJURY (e. g., in factory, street, office bldg., e	n or 21c. WHERE DID etc.) INJURY OCCUR?		City, give exact location)
Σ	21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  OF INJURY   WHILE AT   NOT WHILE AT WORK   AT WORK   NOT WHILE AT WORK   NO						
	22. I hereby certify that I attended the deceased from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED						
24 TIC	A. BURIAL.		2-1950	name of CEMETE	RY OR CREMATORY 2	Balty	y, town, or county) (State)
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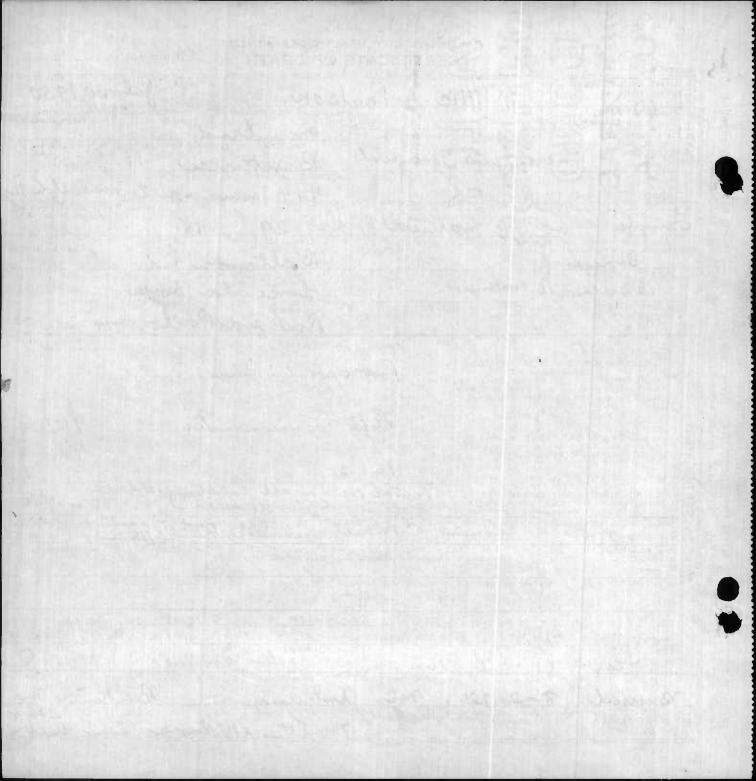
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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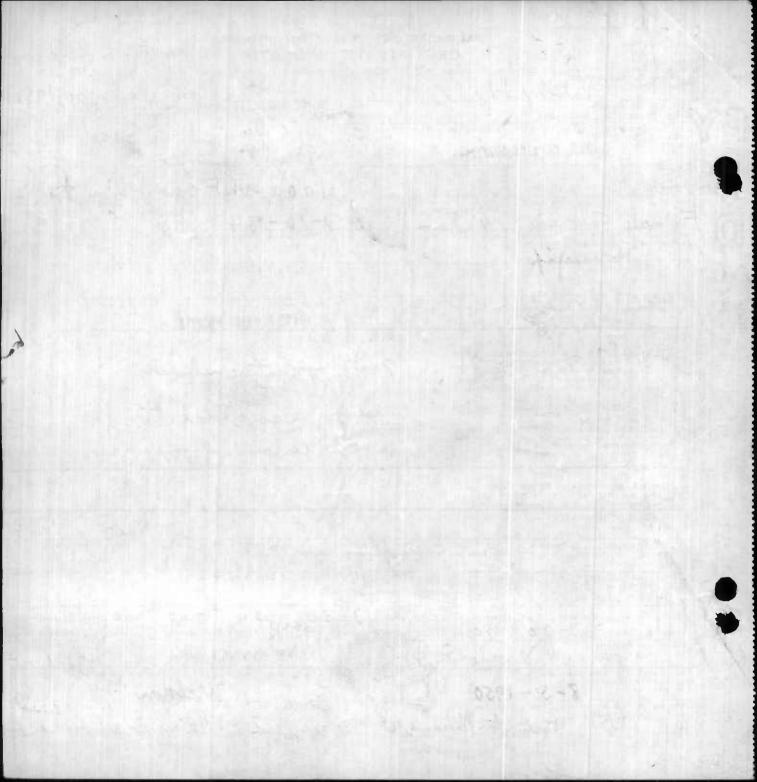
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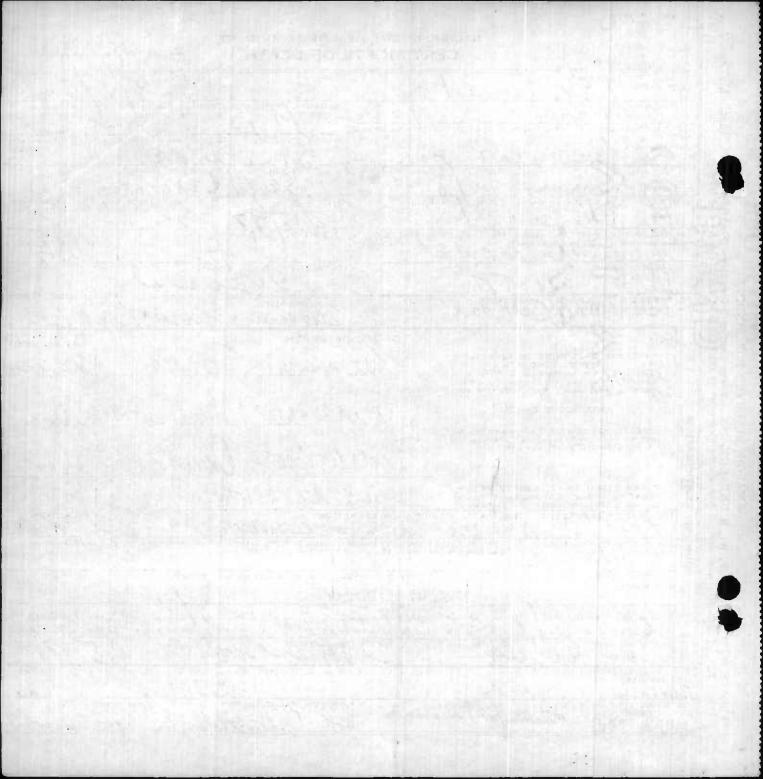
1. (T	NAME OF DECEAS ype or Print)	SED	Tillia	A. Pau	Ison.	2. DATE OF DEATH	ly 30, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE		. If institution: residence before admission)	
В.	B. FULL NAME OF (If not in hospital or institution, give street address or					ind		
	OSPITAL OR ISTITUTION	vo -	1 + -	location)	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give township)	
- 4	4	now	and .	) 405 Journ	Baltin	nore 1	1-04	
H				Yrs. Mos.	o. STREET ADDRESS	(If rural, give location	2 . C.11 1 B	
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5.	SEX 6.CO	LOR OR RACE	7. SINGLE, N	ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days   Hours Min.	
o'imale married					Dec. 29	48		
	A. USUAL OCCUPATE doneduring most of working			F BUSINESS OR INDUSTRY	N 11-	or foreign country)	12. CITIZEN OF	
12	EATHER'S NAME	emple			10 altin	ou md.	INDU,	
13	FATHER'S NAME	e, Bu	calander		14. MOTHER'S MAIDE	NAME		
	Usac	_			Jucin	da Boya	11	
(Ye	. WAS DECEASED EVER	R IN U.S.ARME es, give war or date	D FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT	10-1	ADDRESS	
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	18. 570	5		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR	CONDITION		0,	4. 0			
	(This does not n	DING TO DEA	of dying, e.g.,	(A) Post	operative Il	eus-Garaly	tic	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO							
	ANTE	CEDENT CAU	SES	9 1	. 0		1/10/10	
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RT	OTHER SIGNIF	II ICANT COND	ITIONS CON-	Partial n		testinal obs	truction	
E	TRIBUTING TO T	HE OEATH, BUT	NOT RELATED	and m	ultiple ads	kesions	6-27-50	
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CA	6-27~	, –			in or 21c. WHERE DID	reteriend ofthe	y, give exact location)	
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	OF INJURY	) (Day) (lear		LE AT NOT WHILE		JOKI CCCOKI		
				ORK AT WORK				
	22. I hereby cert	I hereby certify that I attended the deceased from $6-27-50$ , $19$ , to $7/30/50$ , $19$ , that I last saw the ceased alive on $7/30/50$ , $19$ , $1$						
		7/30/5	19 ) pan			om the eauses and o		
	23A. SIGNATURE	M. 6.	11/01/2		238. ADDRESS	And and	23c. DATE SIGNED	
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24a. Bugial, CREMA- 24b. DATE 24c. NAME of CEMETERY OR CREMATORY 24o. LOCATION (City, town, or county) (State)								
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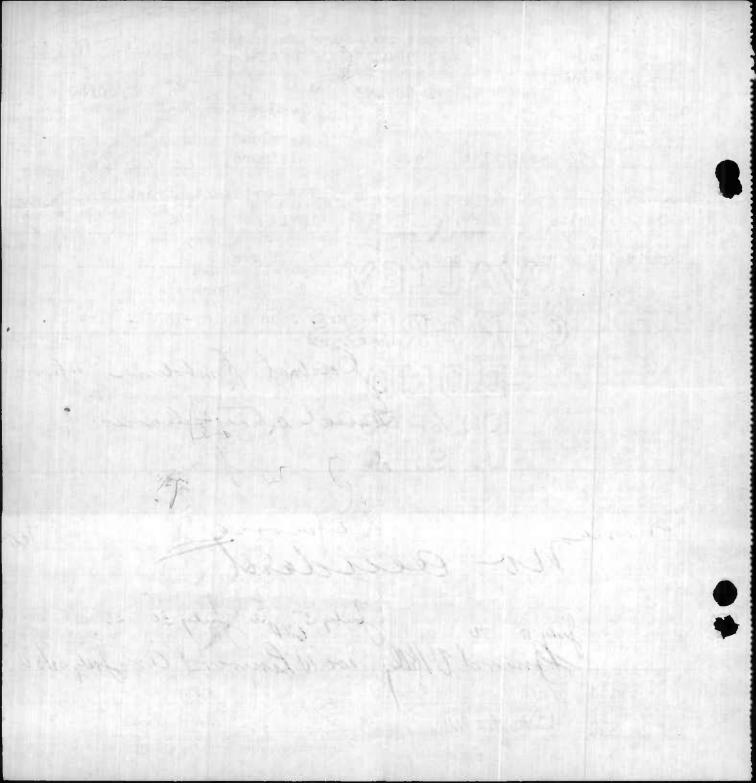
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BIRTH NO. CERTIFICAT	E OF DEATH Registered No.					
1. NAME OF DECEASED (Type or Print)	2. DATE. OF DEATH 1) LANGE 30, 195 A					
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: fesidence a. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION INSTITUTION INSTITUTION INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
Yrs. Mos. c. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH  9. AGE (In years It Under I Year In Under 24 Hours I last birthday) Months: Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work dooeduring most of work log life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS JOHNS ROPKINS HOSPITEI					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	t-operative shock, wing esophogectory Carcuione of exeptogas					
19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	o or   21c. WHERE DID (If in Baltimore City, give exact location)					
2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURR OF INJURY NOT WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from 7-26, 1950, to 7-36, 1950, that I last saw the deceased alive on 3-30, 1950, and that death occurred at 9 m, from the causes and on the date stated above.						
	23B. ADDRESS APPRIES HOSPITE 23C. DATE SIGNED					
248. BUBTAL CREMA- 248. DATE TION, REMOVAL (Specify) 8-3-1950	RY OR CREMATORY 24D. LOCATION (City, town or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE AUG 2 1950 Hanting to Milians, My	Mrs Water R. Williams Schweder St					
VS 150	46a					





2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) C. CIT WORTOWN (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 21st Street If Under 1 Year 9. AGE (in years last birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Burkert ADDRESS Mrs. John Schley-733 E. 21st St. INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? It in Bartimore City, give exact location) 21F, HOW DID INJURY OCCUR? 30, 19 Shat I last saw the deceased alive on belly 30, 19 10, and that death occurred at 1 mm, from the eduses and on the date stated above. BC. DATE SIGNED 24D. LOCATION (City, town or county) ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE DUNDERLAT (Type or Print OF supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. CQUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HARFORD CONVISEESANT) HOSPITAL OR HARFORD CONVISEESANT HOSPITAL CONVINEESANT HOSPITAL CONVINEESANT HOSPITAL CONVISEESANT HOSPITAL CONVINEESANT H C. CITY OR TOWN (If outside corporate limits, write RURAL and give JALTIMURIE 4700 Yrs. D. STREET ADDRESS MOS. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years last birthday) Months: Days Hours: Min. SIIYGLIE clearly 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work dane during most of working life, even if retired) INDUSTRY information s of death cle 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, nn or unknown) SECURITY NO 604 Fred. 18. CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. erro Scheros RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION AL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about hnme, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 22. I hereby certify that I attended the deceased from. , 19\_\_\_, that I last saw the deceased alive on Am., from the causes and on the date stated above. 19\_\_\_\_\_, and that death occurred at [[ 23A. SIGNATURE WRI e is 23B. ADDRESS 24A. BURIAL, CREMA-TION REMOVAL Specify) PLEASE correct ag Ballo. mos sureal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150 THE REAL PROPERTY AND ADDRESS OF THE PARTY AND A. Maderalan

before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

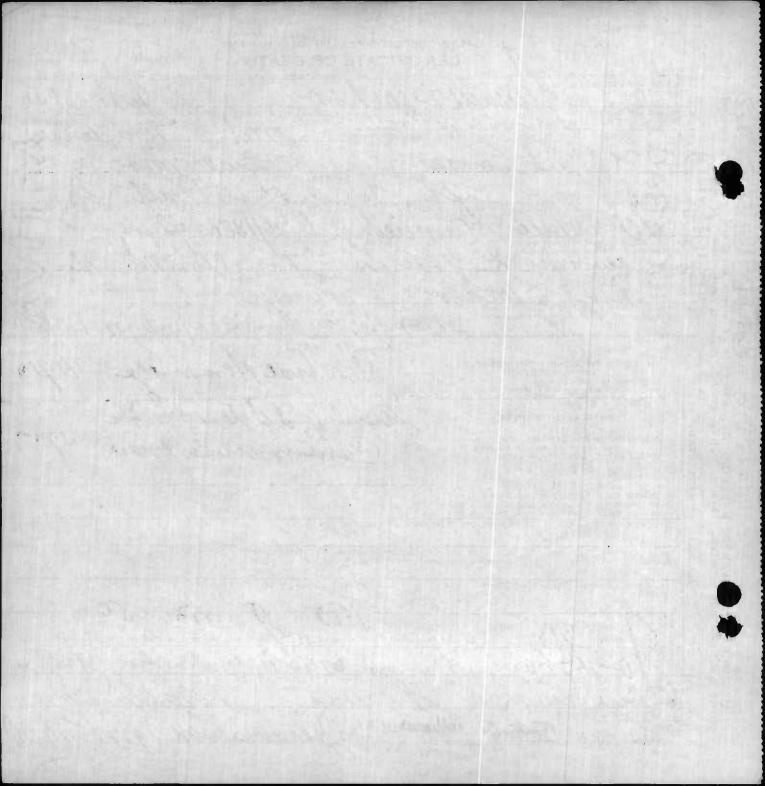
23c. DATE SIGNED

ADDRESS

1. Dreamed was last seen aline, by about 9 2 AM - august 1, 1950 bigh & Chas P. CLAUDICE, who was in the briefing in attentioned upon other patients. 2. Disgnosis was based on information obtained from De Norman KLEIMAN who had treated the deceased printe her transfer te 4700 Harfard Rd. Colsina M.D. ( OX 12 PARE TO 1 CONT. OF THE 25 A TO 1 2274 E Sunder Mile 345

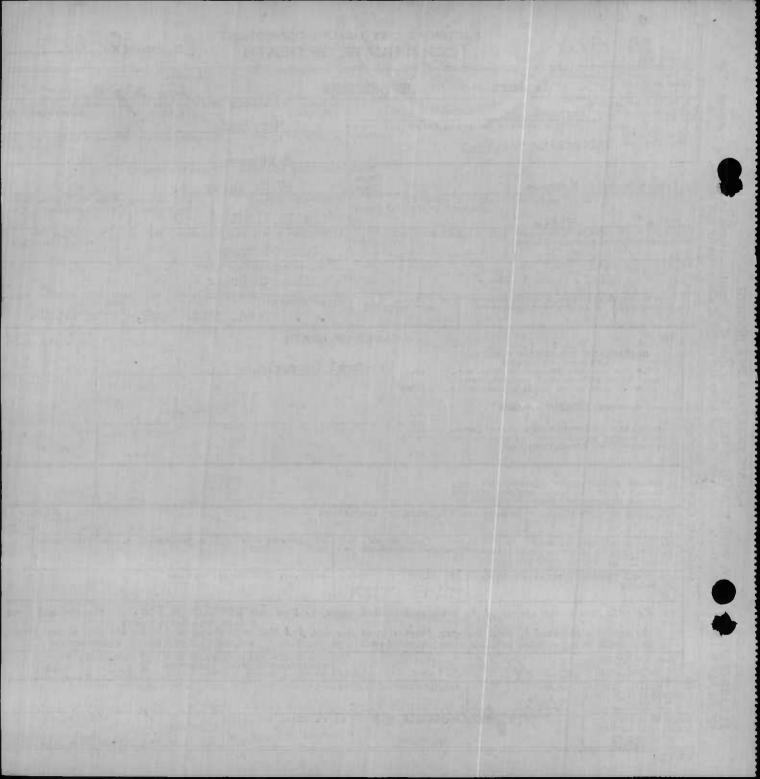
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution; residence S. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural Mos. c. Length of stay in Baltimore Days It Under 1 Year 6. COLOR OR RACE 7. SING E, MARRIED 8. DATE OF AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Special) should 10A. USUAL OCCUPATION (Give kind of) 10B, KIND OF 1. BIRTAPLACE (State or foreign 12. CITIZEN OF work done during most i working life, even if retired) information s of death cle 13. FATHER'S NAME Yes, no or patnown)

Aff yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or naknown) SECURITY INTERVAL BETWEEN CAUSE OF DEATH ONSET DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. Thereby certify that I attended the deceased from\_ , that I lust saw the In., from the causes and on the date stated above. deceased alive on 19 and that death occurred at-PLEASE WRIT 238 ADDRESS 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY UNERAL DIRECTOR ADDRESS LOCAL REGISTRAR -----

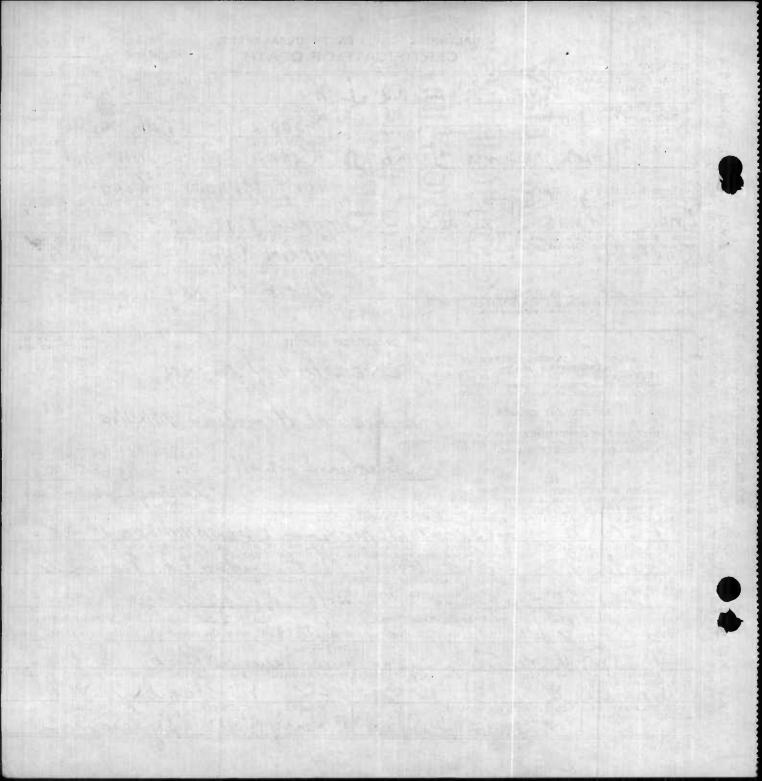


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2-521 BALTIMORE CITY H	EALTH DEPARTMENT X 50 6718
BIRTH NO. 6718 CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED ANIE! Webster	Long 2. Date of Death 8-1-50
a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE  A. STATE  B. COUNTY  Defore admission
HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL	
Yrs. Mos. C. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)
5 SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of work done during most of yorking life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT SUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMAD FORCES?   16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	OF DEATH  ERATION of BRAIN  Phro.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY
OH (c) Free	land Skull Dr. Wm. G. Helfrich
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	Flanky Newland S. M. D. C. SAMMER.
194. Date of operation 198. MAJOR FINDINGS OF OPERATION Subdual Hem	Atama - LOIBRATED BRAN YES W NO [
21A. ACCIDENT. SUICIDE.  O HOMICIDE (Specify)  About home, farm, factory, street, office bidg.  O Back Home	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY NOT WHILE AT WORK AT WORK	0 00
22. I hereby certify that I attended the deceased from 7	7, 1950, to 8-1, 1950, that I last saw the cred at 12145m., from the causes and on the date stated above
	23B. ADDRESS Leven Meyerical Hosp.  23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR C. Harry Weer - Lu Respelle
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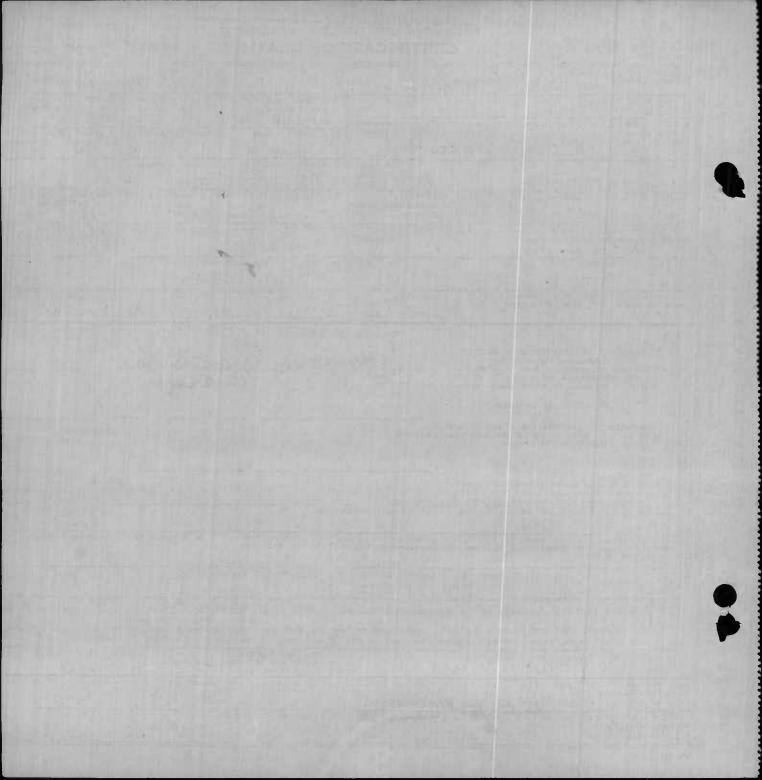
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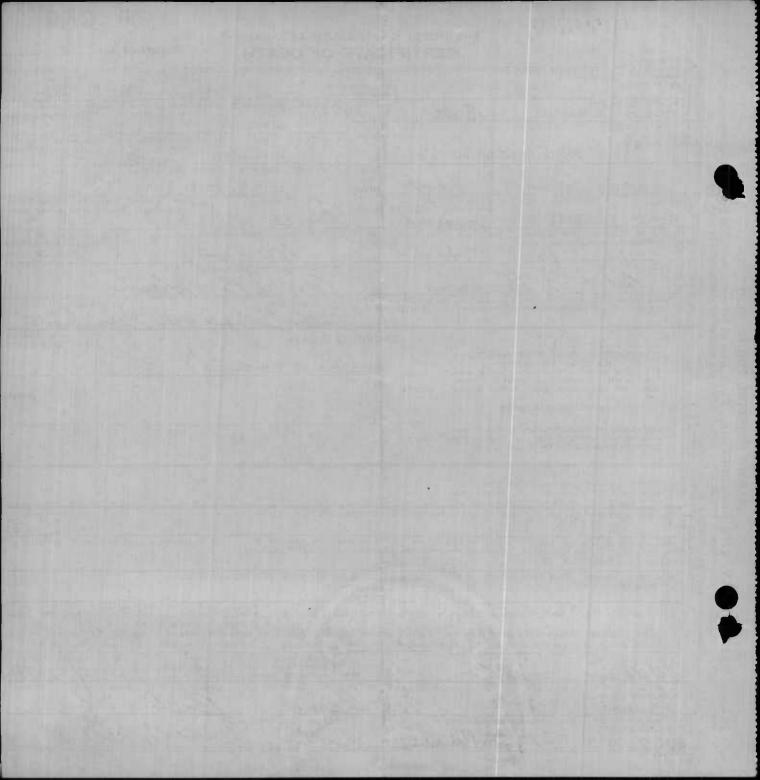
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OF INJURY

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) REBECCA OF August 2,1950 RUDICK 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2211 Bryant Avenue township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 45 Yrs. 2211 Bryant Avenue c. Length of stay in Baltimore Days 9. AGE (In years) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female White 1881 69 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
HousewifeZ INDUSTRY WHAT COUNTRY? own home Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Aaron Novack Goldie ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) SECURITY NO. Reuben Rudick- 2211 Bryant Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

194 DATE OF OPERATION O 198. MAJOR FINDINGS OF OPERATION 950 denocarcinoma

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE. (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE

21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour)

WHILE AT

WORK

21F. HOW DID INJURY OCCUR? NOT WHILE

AT WORK

nded the deceased from 1940, to Aug 2, 19 Sothat I last saw the 1950, and that death occurred at 2 .m., from the causes and on the date stated above. 22. I hereby eertifu that I attended the deceased from\_ deceased alive on

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24B. DATE

Shaarei Tfiloh Cong.

24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Baltimore, Maryland

23C DATE SIGNED

. 19 5 Othat I last saw the

20. AUTOPSY?

(If in Baltimore City, give exact location)

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

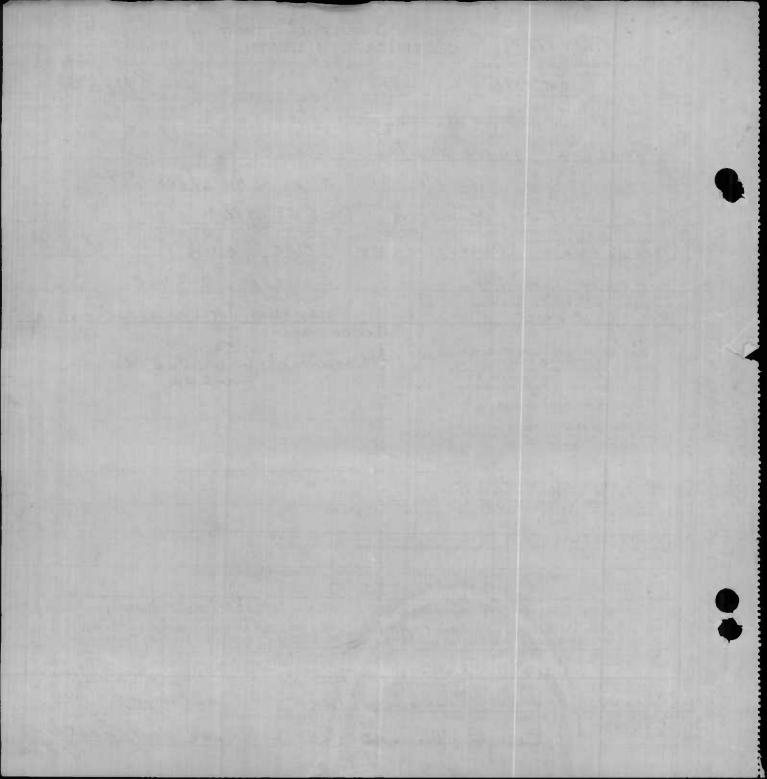
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21c. WHERE DID

INJURY OCCUR?

23B. ADDRESS



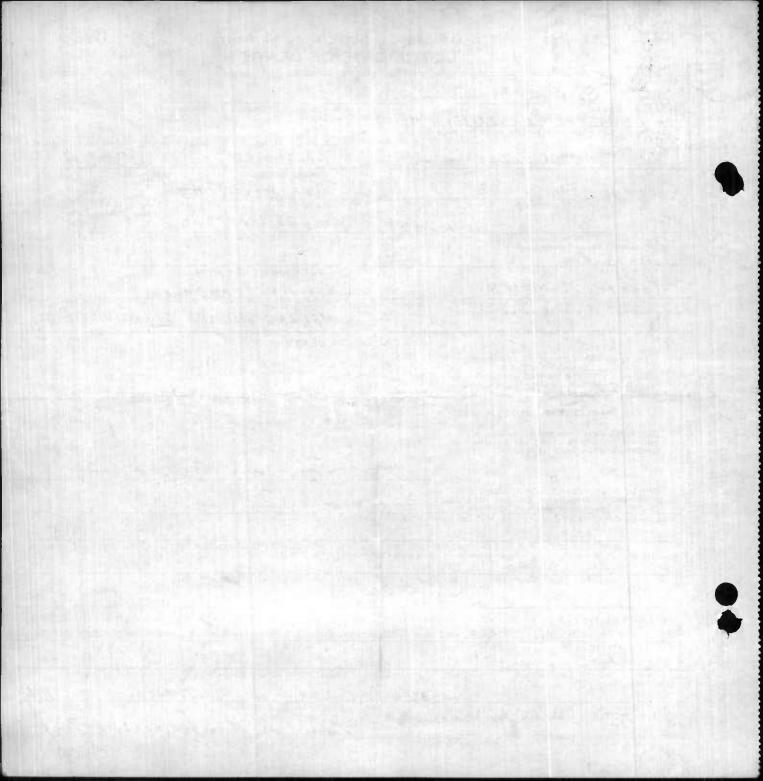


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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	6723
egistered	No.

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Bullian Marsh	2. DATE OF DEATH 8-1-50
S. PLACE OF DEATH:  A. Baltimore City, Maryland UNIVERSITY HOSPITAL  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)  INSTITUTION	4. USUAL RESIDENCE (Where deceased lived, if institution; residence a. STATE B. COUNTY before admission)
c. Length of stay in Baltimore 30 YRS. Mos. Days	D. STREET ADDRESS (If rural, give location)  3411 HOLMES AVE.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	1 8. DATE OF BIRTH 9. AGE (In years) If Unday 1 Year It though 24 Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWORK  13. FATHER'S NAME  JOSEPH MILHIESER	14. MOTHER'S MAIDEN NAME  RAECHEL PEPPEMMEIM
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MRS. LEE WOLMAN 3411 HOLMES AVE.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	and to Demandrage
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER  21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, factory, street, office bldg., (c.g., i about home, farm, farm, factory, street, office bldg., (c.g., i about home, farm, farm, factory, street, office bldg., (c.g., i about home, farm, farm, factory, street, office bldg., (c.g., i about home, farm,	in or   21c. WHERE DID (If in Baltimore City, give exact location)
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23A. SIGNATURE Elepennest M.D.	1950, to and 1, 1950, that I last saw the rred at 370 m., from the causes and on the date stated above.  238. ADDRESS  230. DATE SIGNED  Conversion Hoop  8-1-50
24A. BURIAL, CREMA- TION, REMOVAL (Specify)  DATE RECEIVED BY RECTSTRAR'S SIGNATURE	ENDSHIP BALTIMORE, MD.  1.25. FUNERAL DIRECTOR. ADDRESS
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

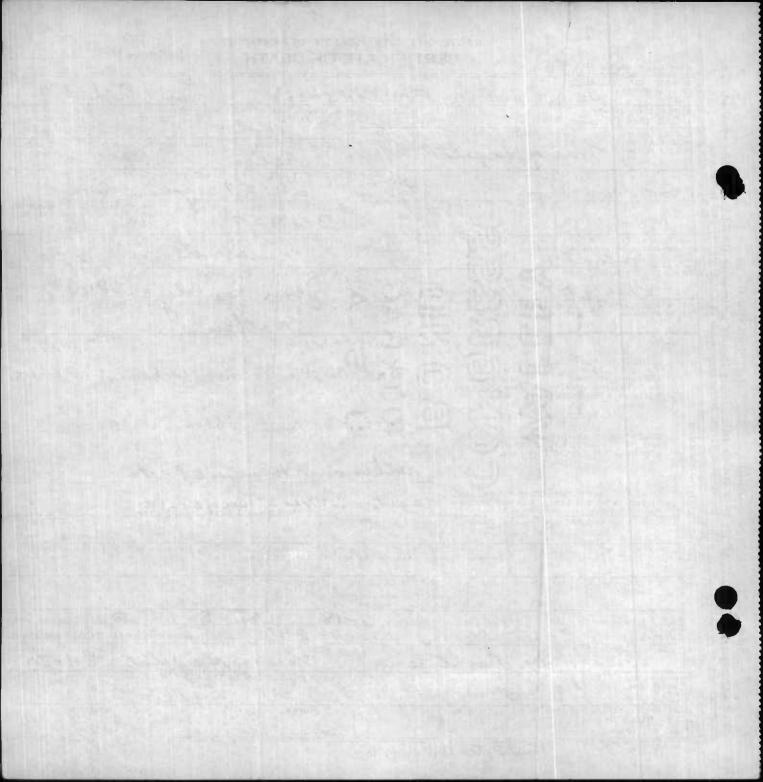
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В.	FULL NAME	OF (If not in hosp	oital or institu	ition, giv			Maryla	nd		
	SPITAL OR STITUTION	, , ,	1 -	1	location	C. CITY OR	TOWN (1	f outside corpora	te limits,	write RURAL and give
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13	. FATHER'S N			, ,	/	14. MOTHER	R'S MAIDEN N	IAME		
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AL										YES NO
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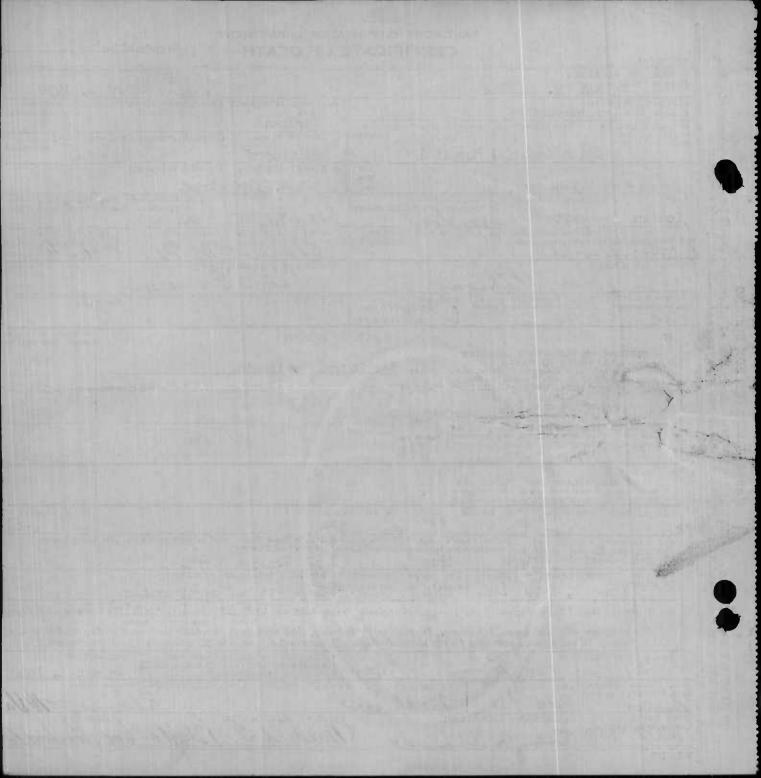
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		5(	6725			ALTH DEPARTMENT	SO Registered 1	No. 6725
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	Α.		EATH: City, Maryland	7		4. USUAL RESIDENCE (	Where deceased lived, If B. COUNTY	institution; residence before admission
	H	FULL NAME OSPITAL OR ISTITUTION		al or institution,  Logita	give street address or location)	c. CITY OR TOWN (I	If outside corporate limit	s, write RURAL and give
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201		Towardh of a	han in Daltinana		41/2 Mos.	b. STREET ADDRESS (II	raymase	AI.
7		SEX	tay in Baltimore	7. SINGLE, M	ARRIED.	8. DATE OF BIRTH		f Under 1 Year   If Under 24 Hours
y all		M	W	WIDOWED	, DIVORCED (Specify)	3-17-50	Tast birthday) Mo	onths Days Hours Min.
Clear	10 work	done during most o	CUPATION (Give kind of f working life, even if retired)	10B. KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY
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ans		18. 7.	56.2		CAUSE	OF DEATH		INTERVAL BETWEEN
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TIT		injury or	re, asthenia, etc. It mes complication which o	caused death.)	DUE TO			
0			ANTECEDENT CAUS	SES	0 . 1	. I D. A.	4 - 7	
200	O	DISEASES	OR CONDITIONS, I	F ANY, GIVING	(B) CYST.	ibr. Pauc., A	evey usum	fr
	AT		HE ABOVE CAUSE (A)		DUE TO			
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211	E	TRIBUTING	TO THE DEATH, BUT	NOT RELATED	of anastome	is : Opev. at Twk	of age for	
	L				NDINGS OF OPERA	TION	m jiyeus	20. AUTOPSY?
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Thorn	MEDI	HOMICIDE	(Specify)		OF INJURY (e. g., in factory, street, office bldg., et	or 21c. WHERE DID (c.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
	-	210. TIME (	Month) (Day) (Year)	(Hour) 21E	. INJURY OCCURRE	D 21F. HOW DID INJUR	RY OCCUR?	
airy				m. Wo	RK NOT WHILE			
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100		deceased al		_, 19.50, and		red at 8 11 m., from	the causes and on t	
27		23A. SIGNAT	rary m.	Berot		Mesce /	Hospital	8-1-50
280	24	AA. BURIAL.	REMA- 248. DATE	0	14. D.	Y OR CREMATORY 124D. I		
3	TIC	PREMOVAL (S	gecify) 8/3/3	50	Holen Poo	Promer !	13. OR Y	30
		ATE RECEIVE	D BY   REGISTRAR	S SIGNATURE	1	25. FUNERAL DIRECTOR	y - may /	ADDRESS 6.
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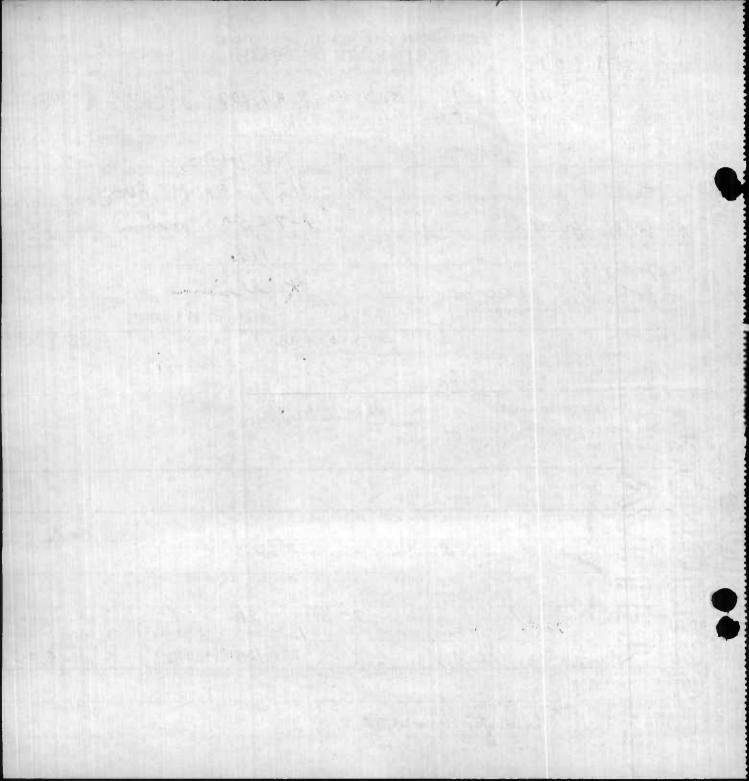


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	E WRITE	age is especial
	PLEASE WRITE	correct age is especially important. Physicians: please

E-158 T6726 BALTIMORE CITY H	IEALTH DEPARTMENT 50 6796
CERTIFICAT	TE OF DEATH Registered No. 6726
BIRTH NO.  1. NAME OF DECEASED	2. DATE
(Type or Print) MAY R. EBERLY	DEATH August 1, 1950
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address of the control of the con	A. STATE B. COUNTY before admission Maryland
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv
Union Memorial Hospital	Baltimore /3-05 township
Yrs.	, , , , , , , , , , , , , , , , , , , ,
c. Length of stay in Baltimore Mos.	62L W. 33rd Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours Min. I last birthday) Months; Days Hours: Min.
female   white   we dow	May 3,1907 44 43
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAF-COUNTRY
Housewife 1 13. FATHER'S NAME	Clkins, M. Va. USH
Maha Sil	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	ane Fansler
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
no no unknown	Lagranya, province
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Rambi	turate poisoning
heart failure, asthenia, etc. It means the disease,	ANY CO C. TANTONITHIE
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CDN.	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
214 EXTERNAL CAUSE WAS   218, PLACE OF INJURY (6. g.,	in or   21C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING X OR CONTRIB. about home, farm, factory, street, office bldg	,etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. home  2 1D. TIME (Month) (Day) (Year) (Hour)   2 1E, INJURY OCCUR!	621 W. 33rd Street
OF INJURY NOT WHILE AT NOT WHILE	
	above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry
the cvidence obtained by said Autopsy, Inspection or	Inquiry, find that said deceased died on the day stated above es $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
William V Both	M.D. ASSISTANT MEDICAL EXAMINER
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Removal aug 3/50 Maplewood	olkine Mill
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
AUG Z 1950 Huntington Williams M.	Medred V. Islight 600g Harford K
VS 151 17 97 / X	163B/V



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2, DATE. (Type or Print) OF 4. USUAL RESIDENCE (Where deceased lived, If institution: residence a COUNTY before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) AGE (In years) If Under 1 Year last birthday) | Months: Days | Hours: Min. Widowed 1862 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Unemployed EW VERDE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or yunknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. 18. CAUSE DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTIFICA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 1950 EDICA Lip tract 21B. PLACE OF INJURY (e. g., in) or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 2 W. ACCIDENT WAS UNDER-21c. WHERE DID INJURY OFCUR LYING OR CONTRIBUTING CAUSE OF DEATH mersey home 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR OF INJURY NOT WHILE Dec 22. I hereby certify that I attended the deceased from Cleg 1 - 1950, and that death occurred at deceased alive on\_ Q.m., from the causes and on the date stated above. 23A. SIGNATURE 24D. LOCATION (City, town, or county) TION REMOVAL (Specify) EMODA MION DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

township

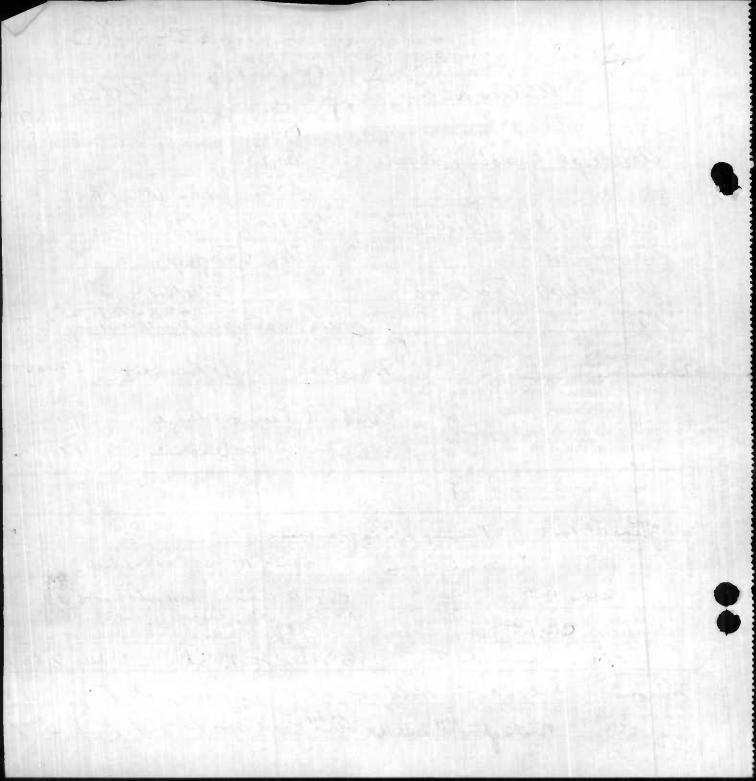
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INTERVAL BETWEEN

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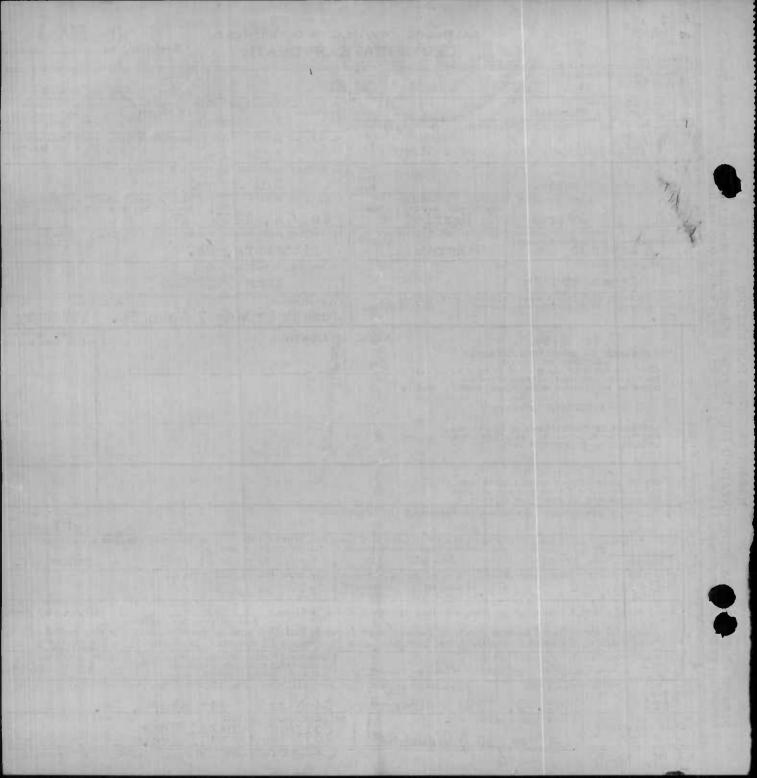
20. AUTOPSY

23c. DATE SIGNED



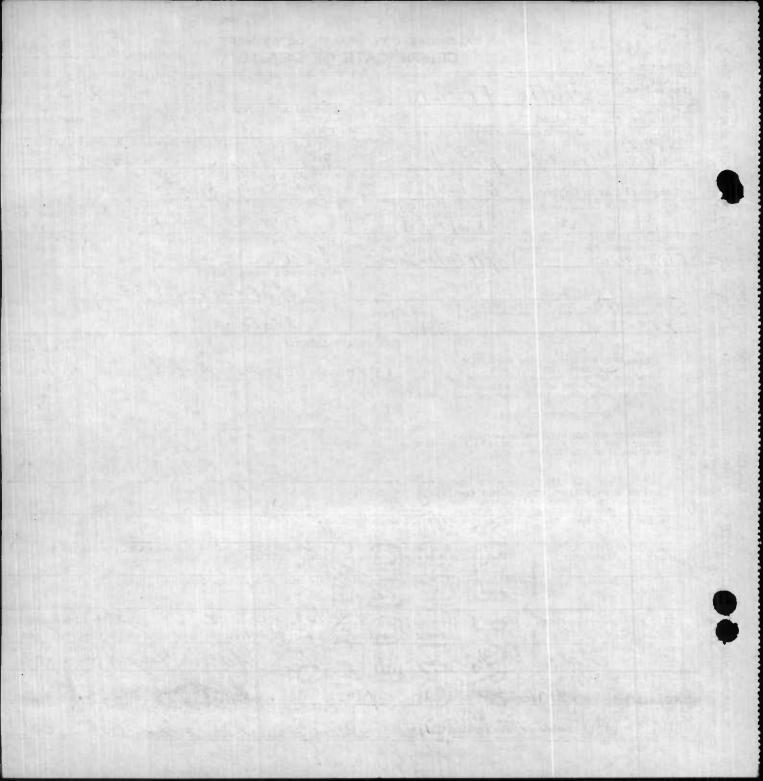
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	B. FUL HOSPI	TAL OR	tal or institution, give street address or location)	Penn. c. CITY OR TOWN (If	B. COUNTY outside corporate limits	before admission)
ly.	INSTIT	V.S. Marine H.	ospital	german town		township)
and legTbly	c. Len	gth of stay in Baltimore	6 hours Mos. Days	274 W. Was	nington La	ne
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of de	15. WA	S DECEASED EVER IN U.S. ARME or nnknown) (If yes, give war nr dat		17. INFORMANT	e stufe	DRESS
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cians	TIFIC	11	(C)			
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nt.	19A	A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	ATION		YES NO
important.	HO.	A. ACCIDENT, SUICIDE, MICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)
my im	210 OF	D. TIME (Month) (Day) (Year INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY	Y OCCUR?	
especia	22.	8-2,195	that I last saw the			
12		ceased alive on 8 - 2	, 195°C, and that death occur	red at 6.3 9 m., from t	he causes and on the	e date stated above.  23c. DATE SIGNED  2 - 5 0
age	24A. E	BURIAL, CREMA- 24B. DATE EMOVAL (Specify)	24C. NAME OF CEMETE	A m	OCATION (C.C., town,	or county) (State)
correct	Bur	RECEIVED BY REGISTRAR	O Holy Sepulo	25. FUNERAL DIRECTOR	tgomery Co.	Pa. ADDRESS
00	AU	GREGIST 1950 Hunding	tor Williams, Mar	Zom. J. Tichne	er 5 Sons B	alto And
	V	/S 150	- 1 9 C	710		×20



Page 1	3 L 5 50 No.6731		Y HEALTH DEPARTMENT	SO Registered No.	6731
r .be	1. NAME OF DECEASED (Type or Print)	ebeth d	DEETien	2. DATE OF DEATH 8/1/5	0
supplied	A. Baltimore City, Maryland		A. STATE MA	Where deceased lived. If institution B. COUNTY	tution: residence before admission)
fully su	B FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION 18/0 €. 0	institution, give street add lo		outside corporate links, we	township)
legnol	c. Length of stay in Baltimore		Mos. 18/0 8	rural, give location)	+
should be	Female White	WIDOWED, DIVORCED	3/1/1876	9. AGE (In years li Under last birthday) Months	Days Hours Min.
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of infe	15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of a	16. SOCIAL SECURITY	NO. BLEN Trum?	2801 Rota	21 /1
y item of i	18. 260 X I		USE OF DEATH		NTERVAL BETWEEN
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UNFADING Physicians:	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE CEATH, BUT NOT	RELATEO			7
1	- (3)	MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?
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ŢŢ.	21D. TIME (Month) (Day) (Year) (Ho OF INJURY	WHILE AT NOT	T WHILE	Y OCCUR7	
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WRIT	deceased alive on 29.19	O.H. sla	1 23B. ADDRESS	he causes and on the do	c. DATE SIGNED
ag ag	24A. BURIAL. CREMA- 24B DATE FION, REMOVAL (Specify)	1 70		OCATION (City, town, or Ed	Aupty) (State)
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20. AUTOPSY YES ity, give exact location) 1957, that I last saw the on the date stated above. 33c. DATE SIGNED a time Transporting Blanch 61

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## BALTIMORE CITY HEALTH DEPARTMENT

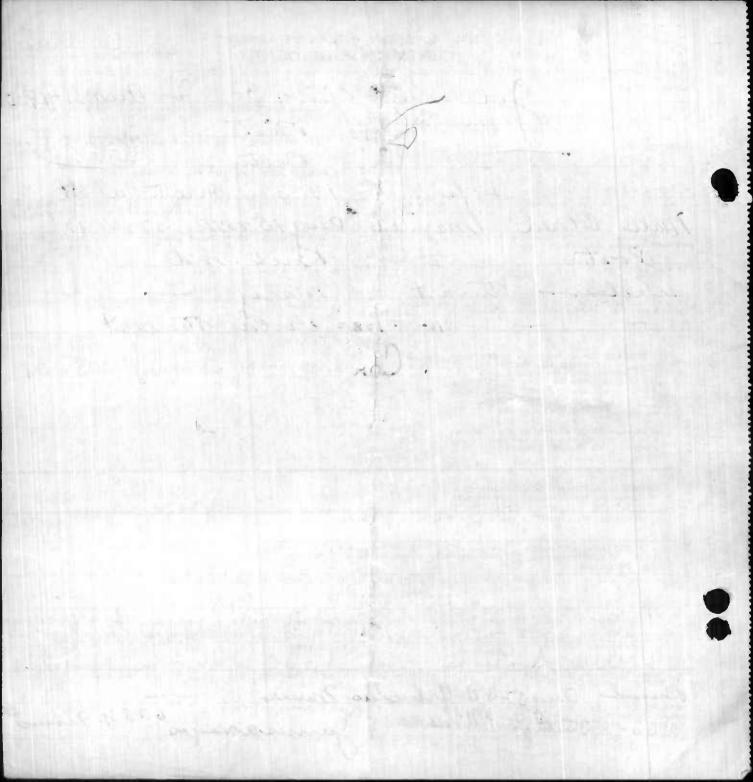
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BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Louise Weininger	2. DATE OF DEATH 8-1-1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location 4940 Eastern Ave.	
c. Length of stay in Baltimore Life Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify Widowed	8. DATE OF BIRTH 9. AGE (In years   M Under I Year   If Under 24 Hours
10A. USUAL OCCUPATION (Givekind of work dooeduriog most of working life, even if retired) housewife own home	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY
John Barry	14. MOTHER S MAIDEN NAME Agnes B. Gray
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, oo or uoknowo) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Kathryn Sullivan, 1107 Homestead
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	nary Tuberculosis
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATIO	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	io or   21c. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY  MHILE AT WORK AT WORK	E
deceased alive on 8-1, 1950, and that death occu	
	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
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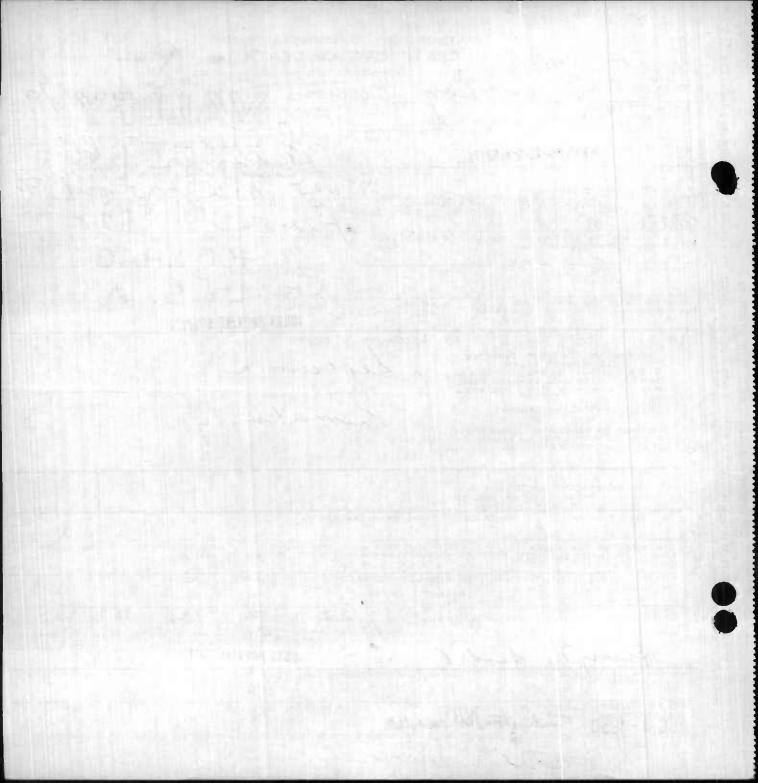
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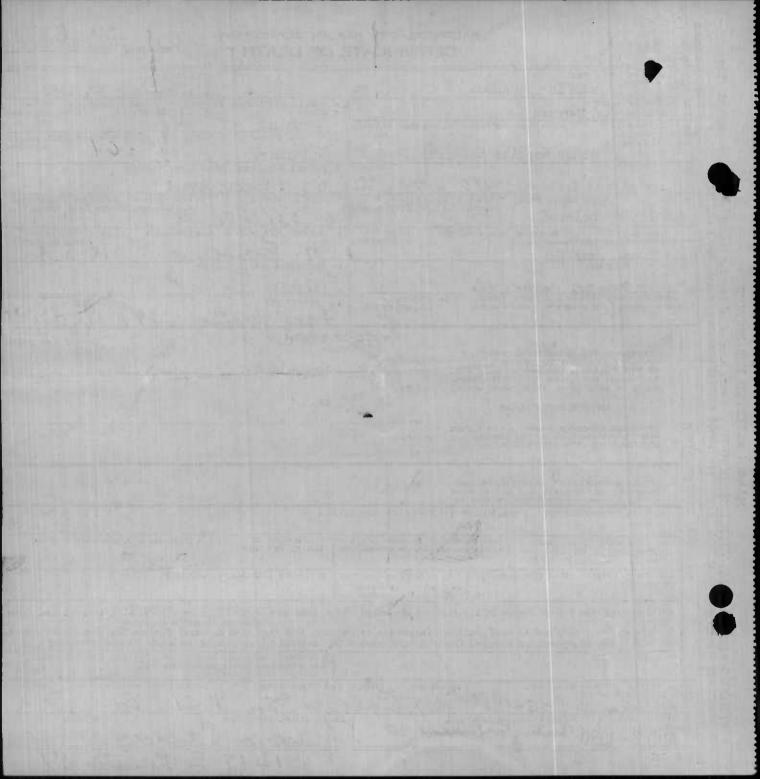
S L	BI	50 6733  BALTIMORE CITY HE CERTIFICATE		Registered No_	6733
RESERVED FOR BINDING INK. Every item of information should by please write the causes of death clearly and legibly.	(T 3. A. B. HC IN 5. 710 work	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF OISTITUTION  Length of stay in Baltimore  SEX  6. COLOR OR RACE  MOWED, DIVORGED (Specify)  A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  FATHER'S NAME  WAS DECEASED EVER IN U. S. ARMED FORCES?  a, no or unknown)  18.  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  DISEASES OR CONDITIONS, IF ANY, GIVING	A. USUAL RESIDENCE (Where A. STATE  C. CITY OR TOWN (If outside the control of th	give location)  AGE (in year) If Under I last birthday) Months:  a country)   12. C	Veal If Under 24 Hours Days Hours Min
MARGIN R UNFADING Physicians: pl	CERTIFICATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)			
ht	7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
WITH rtant.	CA	218 PLACE OF IN HIPV (a.s. in	a cel 21c WHERE DID (If in		YES NO
PLEASE WRIT P NLY, WITI correct age is correct important.		AA. BURIAL, CREMA- DN REMOVAL (Specify)  ATE RECEIVED BY REGISTRAR'S SIGNATURE  AUG 3 - 1950  AUG 3 - 1950	ED 21F. HOW DID INJURY OCCUPY  21F. HOW DID INJURY  21F. HOW DID INJURY  21F. HOW DID INJURY  21F. HOW DID INJURY	a., 19 <b>30</b> tha	at I last saw the te stated above. DATE SIGNED
	=		James a Nay	4	f-7a.



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he	BIRTH NO. 50 - 15/14/9 CERTIFICATE		E OF DEATH	Registered No	)		
H	1.	1. NAME OF DECEASED			19		
ied.		Eury Loy Lu	Mon	DEATH MAY	30, / /50		
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution: residence before admission)		
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ully '.	IN	STITUTION SONIS HOPKINS HOSPITAL	Backer	sucode corporate matts	township)		
	-	Yrs.	The state of the s				
- <u>Si</u>	-	Length of stay in Baltimore Mos. Days	605 h. 6	Drady	ord sto		
d be	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, 8. DATE OF WIDOWED, DIVORCED (Specify)			9. AGE (In years If U last birthday) Mont	nder 1 Year If Under 24 Hours ths: Days Hours Min.		
	15	DA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	1-22-50		8		
shou	worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTRY	I. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY		
NDING information s of death cle	13	B. FATHER'S NAME	14 MOTHER'S MAIDEN NA	ME			
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VE		injury or complication which caused death.) DUE TO					
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est,		deceased alive on 7 / \$ Q 19. II. and that death occurred at 7 m., from the causes and on the a					
/RI		23A. SIGNATURE The Seedel	1011S AOPKINS	HOSPITA	23c. DATE SIGNED		
age M	24	M. B. 1		CATION (City, town, o	r county) (State)		
PLEASE WRIT correct age is es	TIC	4A. BURIAL, CREMA/ 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)					
LE	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS		
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9	В	CERTIFICATE	E OF DEATH Registered No.	
The		OF DECEASED WATSON	2. DATE OF 1	20 1050
ied.		PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If in	
supplied.	-	Baltimore City, Maryland FULL NAME OF Of not in hospital or institution, give street address or	A. STATE B. COUNTY Maryland	before admission
		OSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give
ully.	-	Johns Hopkins Hospital Yrs.	Baltimore  D. STREET ADDRESS (If rural, give location)	/ Williams
60	C.	Length of stay in Baltimore 40 4ns Mos. Days	629 N. Spring Street	
be leg		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH   9. AGE (In years) # U	nder 1 Year   It Under 24 Hours
ld		emale   colored	3 22/1890 60 month	ths Days Hours Min.
on should clearly an	10 worl	A. USUAL OCCUPATION (Give kind of k done during most of working life laven if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
on s	13	L'EATHER'S NAME	14. MOTHER'S MAIDEN NAME	K.S.A.
atic		The March Scarce !!	Maria E P	
information s of death cle		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  6, no or nuknowa) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	DRESS
inf s of	(10	s, no or anknown) (If yes, give war or dates of service) SECURITY NO.	Fred Watson 629 n.	Surena of
em of i		18. 422./ CAUSE	OF DEATH	INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
E C P		heart failure, asthenia, etc. It means the disease,	osclerotic cardiovascular disea	13e
Every write t		injury or complication which caused death.) DUE TO		
4	_	ANTECEDENT CAUSES (B)	***************************************	
INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE GAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,		
ZG ::	CAT	UNDERLYING CONDITION LAST,		
UNFADING Physicians: p	IL.	OTHER SIGNIFICANT CONDITIONS CON		
IFA IFA ysic	ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
Pd.	C	19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
TH.	AL	21a FXTERNAL CAUSE WAS   21B. PLACE OF INJURY (e.g., in	or   21c. WHERE DID (If in Baltimore City, giv	YES NO X
LY, WITH Important.	EDIC	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., un UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., et UTING CAUSE OF DEATH.		e exact location)
LX,	Z	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?	
		m.   WORK AT WORK		
Sel Sel		22. I certify that I took charge of the remains described a	bove, held an Inquiry & Inspection Autopsy, Inspection or Inquiry	thereon and from
LH		the evidence obtained by said Autopsy, Inspection or In	nquiry, find that said deceased died on the	
RI		and death in my opinion resulted from: natural eauses  23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23c.	DATE SIGNED
PLEASE WRITS correct age is es		м.		ly 31, 1950
ASE ct		AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or	r county) (State)
LE	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 1	ADDRESS
H 2	L	AUG 3 - 1950 REGISTRAR'S SIGNATURE	Payner Sanders	93) W
	v		1412 E. Presi	In SX



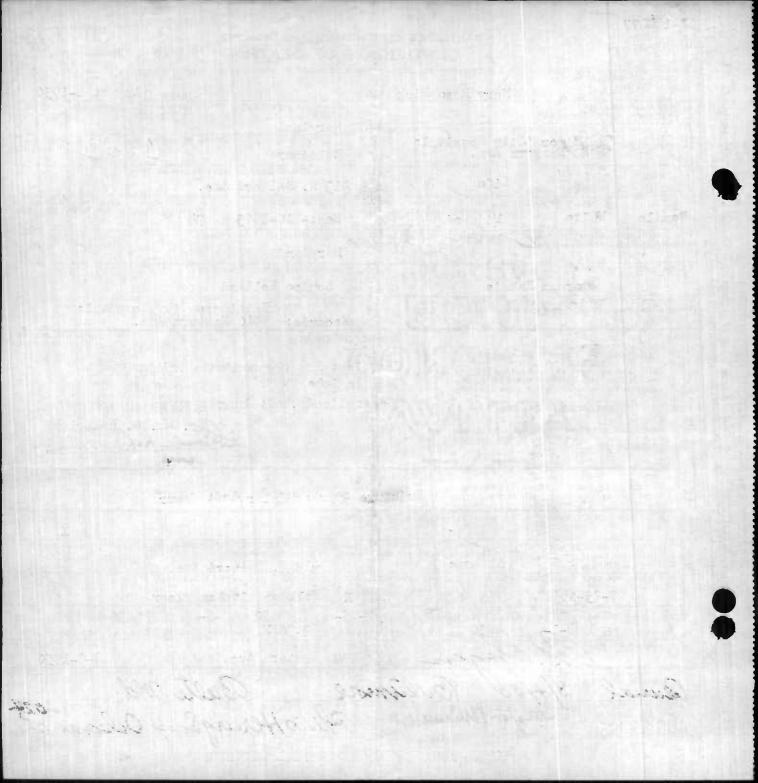
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2. DATE OF August 1-1950 DEATH 4, USUAL RESIDENCE (Where deceased lived. If institution: residence STATE B. COUNTY before admission) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 13 N. Belnord Ave. 8. DATE OF BIRTH 9. AGE (in years 74 Months Days Hours Min. Sept- 10-1875 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME Louise Holland 16. SOCIAL 17. INFORMAN Baltimore City Hospittes SECURITY NO. 4940 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Confulent Bronchopneumonia , right DUE TO middle lobe Generalized .left lung (B) Wm. G. Helfri DUE TO Fracture Subracondylar, Jeft femur 20. AUTOPSY 2 Ic. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 413 N. Belnord Ave 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE Fell on kitchen floor 1950, to 8-1-, 19 50 that I last saw the 19 50, and that death occurred at 7.30 PM., from the causes and on the date stated above. 23c. DATE SIGNED 4940 Eastern Ave. 3-2-1950 24D LOCATION (City, town, or county) OF CEMETERY OR CREMATORY 25. FONERAL DIRECTOR

1. NAME OF DECEASED (Type or Print) Mary Rose Fick 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals 4940 Eastern Ave. INSTITUTION c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) Female White 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR work done during most of warking life, even if retired) 13. FATHER'S NAME Herman Rahnis 15, WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES NOL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FIC RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. () 198. MAJOR FINDINGS OF OPERATION DICAL 21B. PLACE OF INJURY (e. g., in pr 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING At home CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 7-25-1950 22. I hereby certify that I attended the deceased from 7-25deceased alive on 8-1-23A. SIGNATURE 24A. BURIAL, CREMA-24B. DATE DATE RECEIVED BY RECISTRAR SISIGN LOCAL REGISTRAR AUG 3 - 1950

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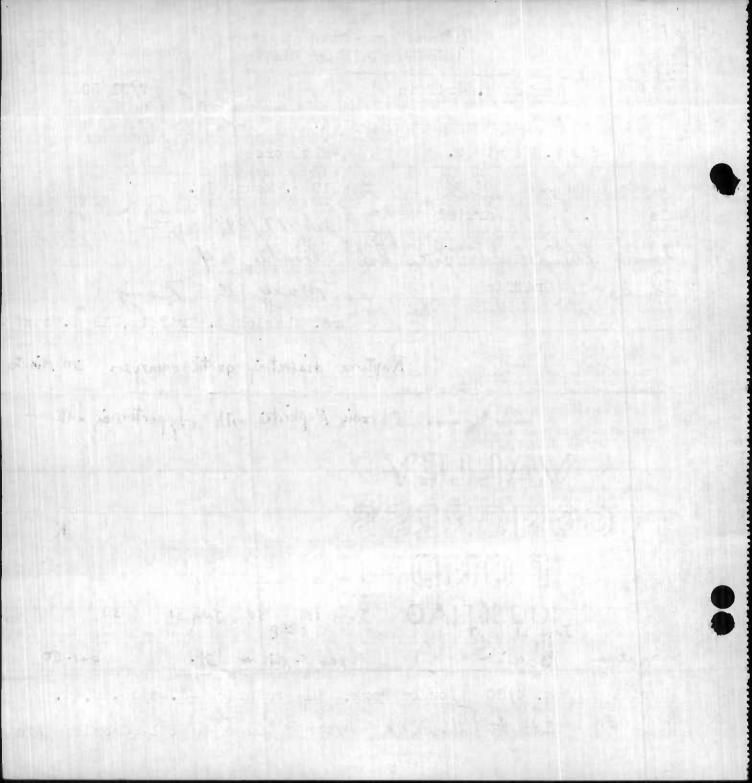
THE MEDICAL EXAMINER



BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

50 6737

水	BIRTH NO.	E OF DEATH Registered No.				
	1. NAME OF DECEASED (Type or Print) Charles C. Griffin	2. DATE OF 7/31/60				
-	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY Lefore admission)				
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 319 S. Mount St.					
	c. Length of stay in Baltimore Les Mos. Days	b. STREET ADDRESS (If rural, give location) 319 S. Mount St.				
17	5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED. Male 1. Specify	8. DATE OF BIRTH   9. AGE (In years) If Under I Year   If Under 24 Hours				
	10A. USUAL OCCUPATION (Give kind of work done during most of work by life, even if retired)	11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	Clarks C Griffin	May, C. King				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMAN ADDRESS Mrs. Charles C. Griffin, 319 S. Mount S.				
	18. 45/X   CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
	DÍSEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	d dissecting quetic aneurysm 30 Minutes				
		· Marker of all the life				
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ic Naphritis with Hypertension unknown				
	UNDERLYING CONDITION LAST.  (C)					
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
1	194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7				
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., i					
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE					
	22. I hereby certify that I attended the deceased from Ju	m 15 1950, to Jaly 31 , 1950, that I last saw the				
	deceased alive on July 31, 19 50, and that death occur	rred at 3 of P.m., from the causes and on the date stated above.				
		236. ADDRESS 206 S- Gilmer St. 23c. Date Signed 8-1-50				
9	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
-	DATE RECEIVED BY   REGISTRAR'S SIGNATURE	,3801 Frederick Rd. Balto. 29, Md.				
	AUG 3 - 1950 tutington Williams, M. J	arry H. Witte 4101 Edmondson Ave				
	vs 150	2/ 30)				



NDING information should be all to summind The	s of death clearly and leg.	BI 1. (4) 3. A. B. H(1) 44 5. 10 world 13	PLA Ball FUL OSPISTI 20	ME OF I NOTE OF THE SURE OF TH	
MARGIN RESERVED FOR BI	s: please write the cause	CATION		(Th hea inju	dis do rt fai iry o
MARGI H IINEADI	Physician	L CERTIFICATION		TRI:	HER BUTIN THE

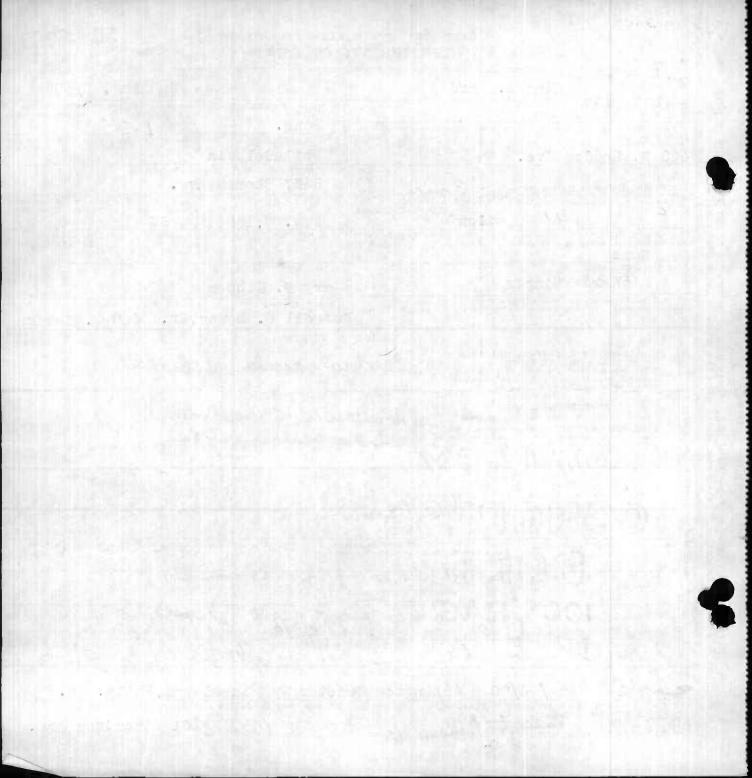
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. DECEASED 2. DATE Edna B. Ward OF DEATH DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence City, Maryland A. STATE B. COUNTY before admission) Penn. (If not in hospital or institution, give street address or location C. CITY OR TOWN (If outside corporate limits, write RURAL and give Philadelphia Loudon Ave. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 5457 Thomas Ave. stay in Baltimore 2000 Davs 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min. 7. SINGLE, MARRIED If Under 24 Hours WIDOWED, DIVORCED (Specify) Widow Aug. 7,1882 CCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF t of working life, even if retired) INDUSTRY WHAT COUNTRY? NAME 14. MOTHER'S MAIDEN NAME hard Younger Mary F. Gibson SED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO. Russell O. Bowen, Jr. 420 N. Loudon CAUSE OF DEATH ONSET AND DEATH SE OR CONDITION DIRECTLY LEADING TO DEATH es not mean the mode of dying, e.g., lure, asthenia, etc. It means the disease. complication which caused death.) ANTECEDENT CAUSES ES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING THE YING CONDITION LAST. 11 SIGNIFICANT CONDITIONS CON-G TO THE DEATH, BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING shout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from lugust 1 August2, 1950, that I last saw the 1950 to\_ deceased alive on want 1950 \_, and that death occurred at 2:10 A. m., from the causes and on the date stated above, 234 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED lovera to 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) Removal Lansdowne Phila. Pa. Arlington Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Alol Edmondson Ave.

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PLEASE WRITH correct age is est



24X. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

AUG 3 - 1950

248, DATE

(8) Rupture of bladder with retroperitoneal 20. AUTOPSY (If in Baltimore City give exact location) Intersection of Chase St. & Patterson Auto struck by auto & then into gas post thereon and from Autopsy, Inspection or Inquiry ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR Aug. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) elmer 25. FUNERAL DIRECTOR ADDRESS

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before admission)

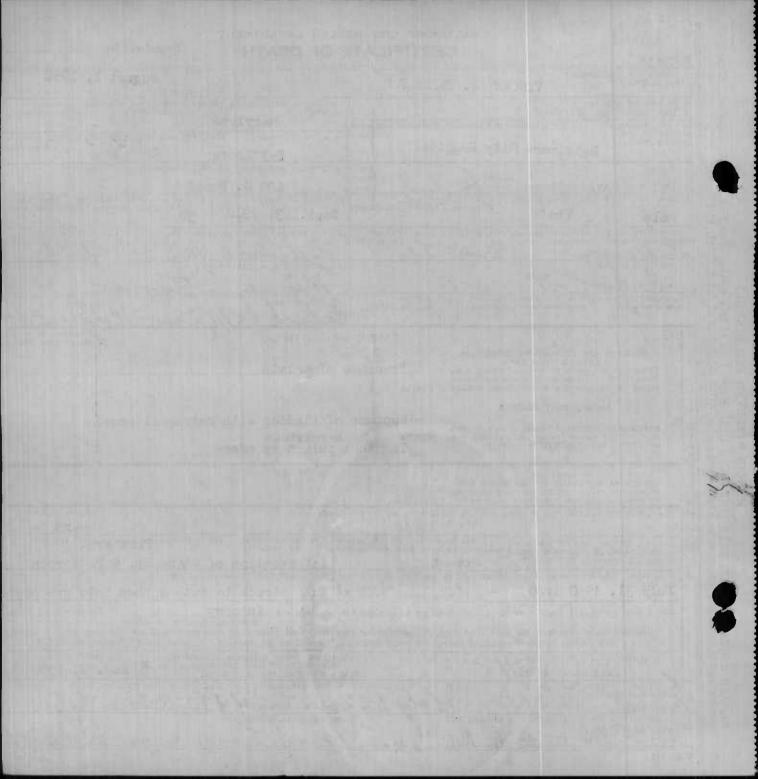
write RURAL and give

If Under 1 Year

12. CITIZEN OF

WHAT COUNTRY

ONSET AND DEATH

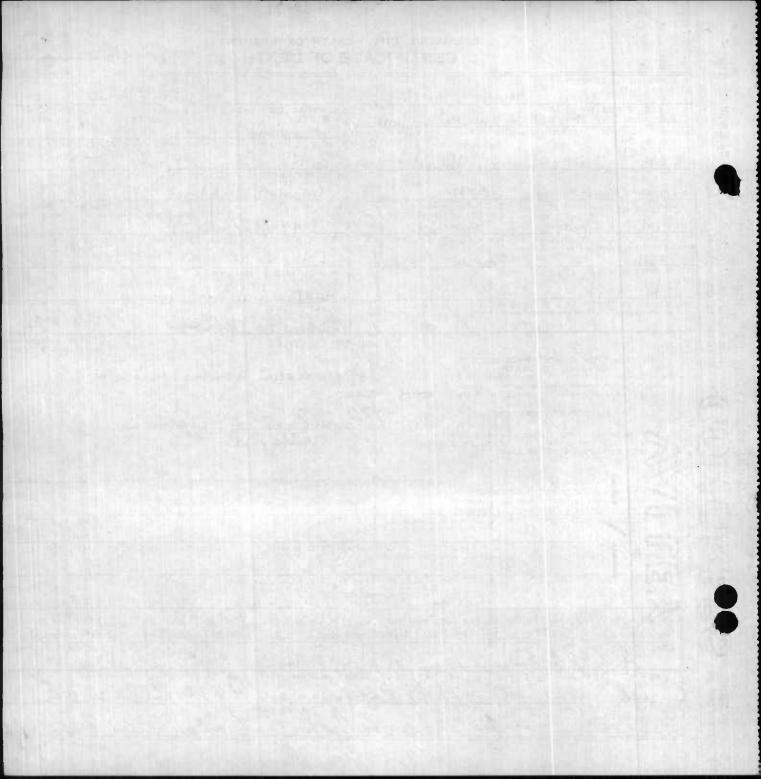


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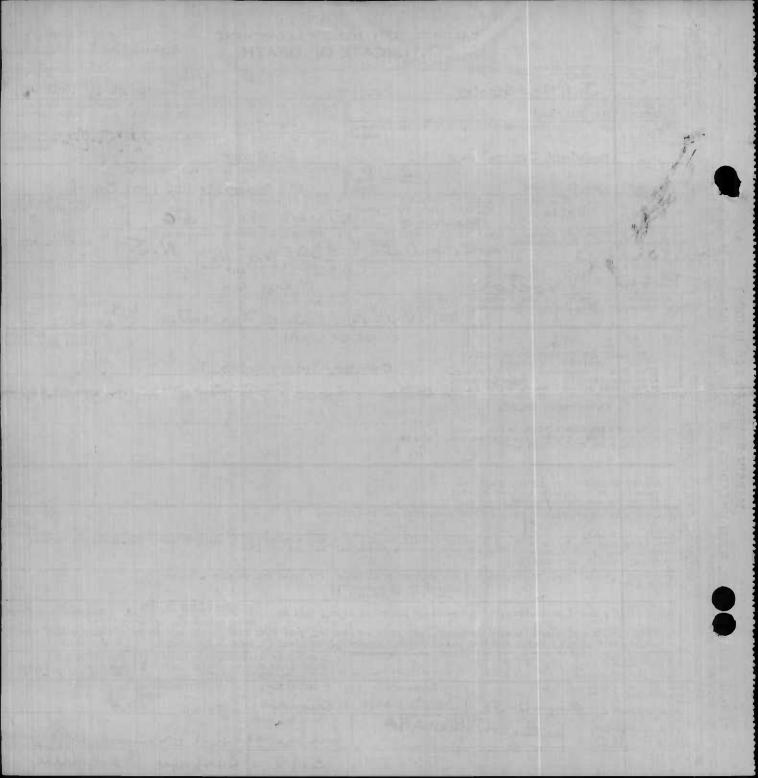
# BALTIMORE CITY HEALTH DEPARTMENT

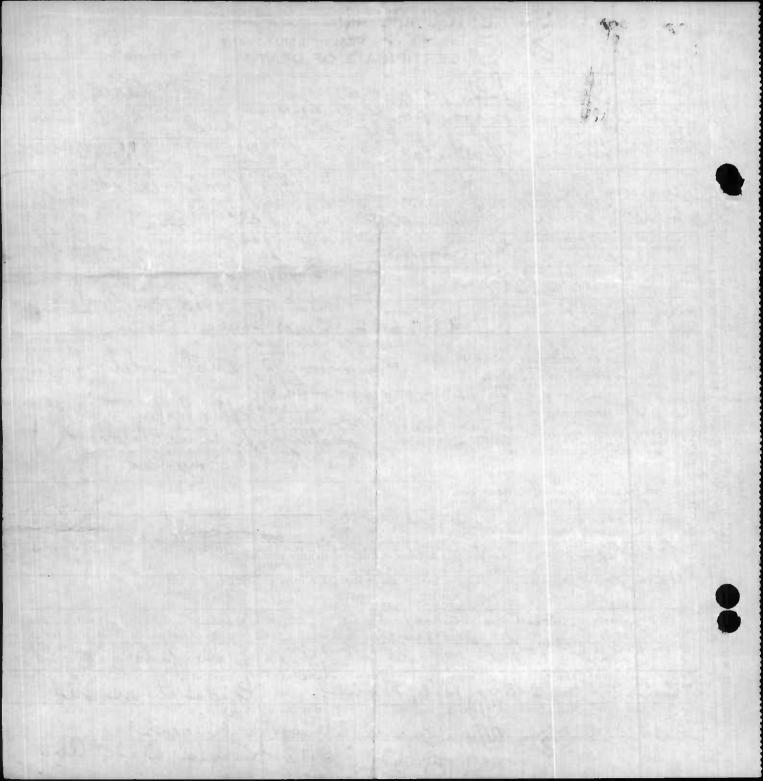
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В	IRTH NO.			CERTIFICAL	E OF DEATH	Registereu	110
	NAME OF D	01 1	tuvis			2. DATE OF DEATH 8	2/50
	. PLACE OF D . Baltimore (		Livon	e Maryland	4. USUAL RESIDENCE	E (Where deceased lived, ) B, COUNTY	If institution; residence before admission)
В	FULL NAME			ion, give street address or location)			
11	NSTITUTION	11: G.	1 1	1	Baltinore	(11 outside corporate lim	it write RURAL and give township)
1	DOWAN D	altimore Ger	reval !	Yrs.	D. STREET ADDRESS	(If rural, give location)	
	THE RESERVE TO SERVE THE PARTY OF THE PARTY	tay in Baltimore	30 M	20,0	919 Hollins	Street	
5	. SEX	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)		9. AGE (In years)	Il Under 1 Year   Il Under 24 Hours Ionths Days Hours Min.
10	DA. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	3\4   189/ 11. BIRTHPLACE (State	or foreign country)	I 12. CITIZEN OF
WOI	L'done during most	of working life, even if retired)	EvoriKI:	INDUSTRY			WHAT COUNTRY
13	3. FATHER'S	NAME	EAGUINI	in & Souage	14. MOTHER'S MAIDE	<del></del>	
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(Y	os, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Palmira 1	lituris 9	ADDRESS Hollings
	18. 4/	0.0		CAUSE	OF DEATH		INTERVAL BETWEEN
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Z	DISFASE	S OR CONDITIONS, I	E ANY CIVIS	(B)	comboses of	l coeliae	
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RTIFIC	OTHER S	II SIGNIFICANT COND	TIONS COL				
GE	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	ŁD .			
L				FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	21A. ACCIDE	ENT, SUICIDE,	218. PL4	ACE OF INJURY (e.g., i	n or   21c, WHERE DID	(If in Baltimore City,	YES NO No vive exact location)
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P-5	O DB	6741 BALTIMORE CITY HE CERTIFICATI	011 6 /31
Ħ		NAME OF DECEASED Type or Print)	2. DATE OF Assert 3, 1000
ully supplied.		Procto PLACE OF DEATH: Baltimore City, Maryland	DEATHAUGUST 1, 1950    4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission before admission)
gnbl	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland  C. CITY OR TOWN (If outside comprate limits Arity RURAL and gi
Ily	IN	Maryland General Hospital	Baltimore 5 townshi
- P		2 — Yrs.	D. STREET ADDRESS (If rural, give location)
legibil		Length of stay in Baltimore Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	612 Reservoir St. (3rd floor)  8. DATE OF BIRTH   9. AGE (In years) If Under 24 Hou
and l		Male White WIDOWED, DIYORGED (Specify)	Febr 28-1900 Stathirthday) Months Days Hours Mi
information should of death clearly an	worl	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR TOOM OF BUSINESS OR INDUSTRY Contractor	11. BIRTHPLACE (State or foreign country)  EDGFWATER- N.J- 12. CITIZEN OF WHAT COUNTR
th c	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
rmi	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL	17. INFORMANT ADDRESS
of informuses of dea	(Ye	(If yes, give war or dates of service) SECURITY NO. 227-14-6262	Florence W Protos Floress St
Every item of i		18. Han I CAUSE	OF DEATH INTERVAL BETWE
for j		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
ry i		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ary Artery Sclerosis
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NG NG IS:	CAT		
UNFADING Physicians: p	RTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
UN	CE	19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER	
H	AL		YES NO
ILY, WITH	EDIC,	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	
LY	M	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	ED 21F, HOW DID INJURY OCCUR?
18		22. I certify that I took charge of the remains described a	bove, held an Inspection & Inq. thereon and from
TI		the evidence obtained by said Autopsy, Inspection or I	Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the day stated above $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
PLEASE WRITI correct age is es		23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER
ASE ct a	22 TI	ON, REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or county) (State
LE	D	Thurs   ang - 4-50   Baltimore	125. FUNERAL DIRECTOR ADDRESS ADDRESS
P	A	Cal Beging 50 Resident Williams	Eleworth Druscos 94
	V	S 151 56424	5118 Samme Calcilie



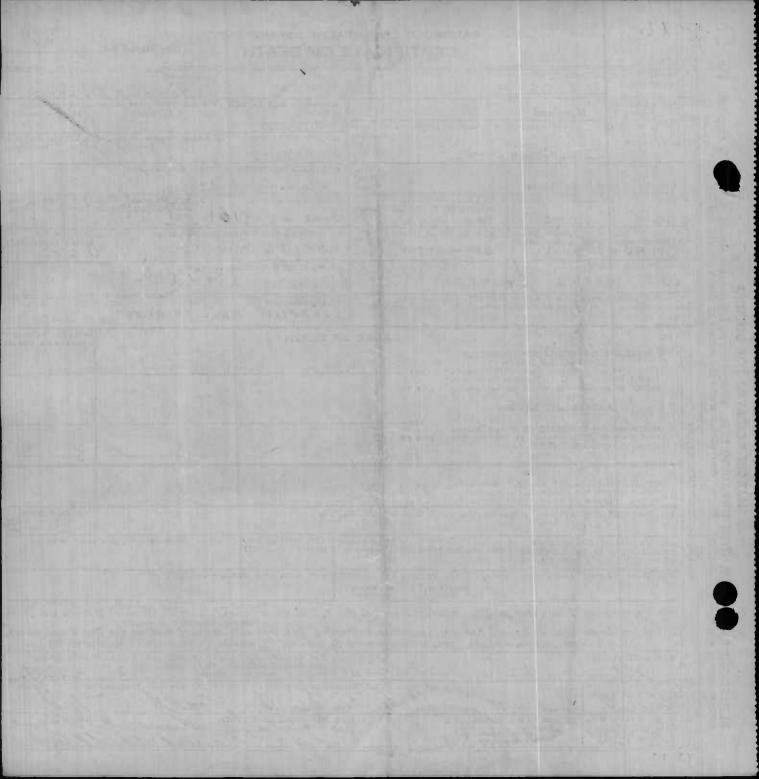


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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Anna Lee McMechen DEATH August 1, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate Amits, Write HJIRAL and give INSTITUTION township St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2007 McCulloh Street Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) May 13.1878 Married Female Colored 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work dooe during most of working life, even if retired) INDUSTRY Hwfe. Own Home Indianna S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Mason Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 200 (Yes, oo or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. G. W. F. McMechan McCulloh St INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) (Specify) HOMICIDE Ш 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE 19\_50to\_ 8/1/ 22. I hereby certify that I attended the deceased from 7/27/ . 1950 that I last saw the 19 50, and that death occurred at 2:15P.M. from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1400 N. Caroline Street BURIAL, CREMA-24B. DATE GEMETERY OR CREMATORY LOCATION (City, town, or county) ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNA LOCAL REGISTRAR VS 150



-11	416	CALTU DEDARTMENT	EO CHAA			
1		E OF DEATH Registered	50 6744			
=	1. NAME OF DECEASED (Type or Print) LEO COLBERT	2. DATE OF DEATH July	30, 1950			
	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF Cit not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. In a. STATE B. COUNTY Marvland	f institution : residence hefore admission)			
	HOSPITAL OR location)  222 W. Chase Street		ts, write RURAL and give township)			
	Yrs. Mos. c. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)  222 W. Chase Street				
-	5. SEX   6. COLOR OR RACE   7 SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  MAR RIE   COLORED   MARRIED   DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years)	If Under 1 Year M Under 24 Hours onths Days Hours Min.			
	10A. USUAL OCCUPATION (Givekind of ork dooe during most of working life, even if retired)  CHAUFFEUR  COMMERCIAL	11. BIRTHPLACE (State or foreign country)  BRLTO, Md.	12. CITIZEN OF WHAT COUNTRY			
	WM MOORE COLBERT	14. MOTHER'S MAIDEN NAME 1DA LAYTON				
(	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (1f yes, give war or dates of service) SECURITY NO.	17. INFORMANT  LUCRETIA BELL COLBERT	W. CHASE ST			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	vanced bilateral pulmonary tu	berculosis			
i	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)					
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 2					
1		o or 21c. WHERE DID (If in Baltimore City, etc.) INJURY OCCUR?	YES NO X			
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?					
	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause.  23A. SIGNATURE	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on to said accident , suicide , homicide , to 23B. CHIEF MEDICAL EXAMINER	he day stated above			
-	Stanley V. Dulachur M 24A. BURIAL. CREMA- 24B/DATE 24C. NAME OF CEMETE TION, BEMOVAL (Specify)		(uly 31, 1950 , or county) (State)			
-	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. WHERAT PRECTOR Junes	DODRESS Vome			
1	VS 151	22/3 Druid A	13BV			
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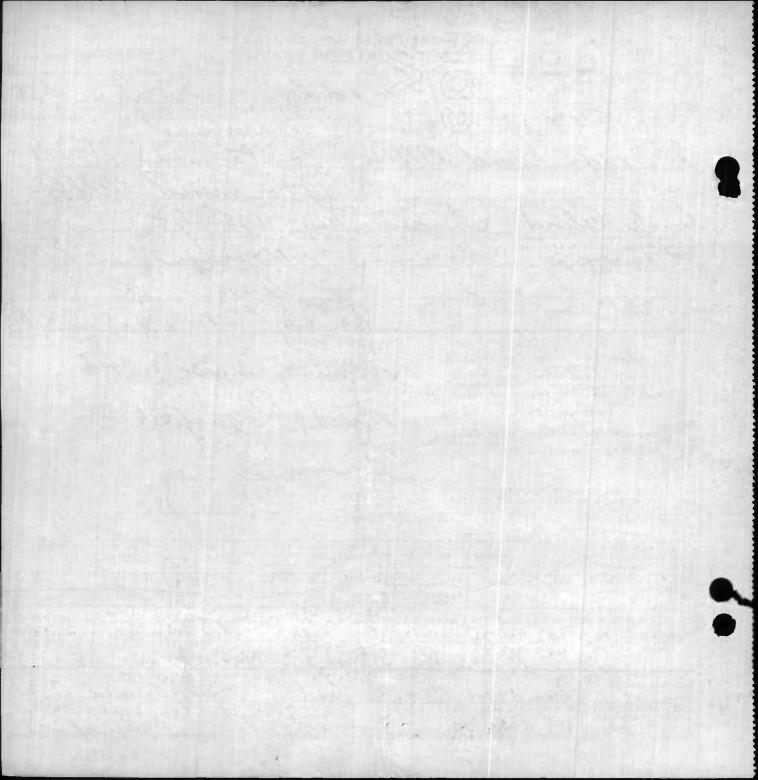


M	-32-0 0 674 BIRTH NO.
	1. NAME OF (Type or Print)
	3. PLACE OF A. Baltimore
	B FULL NAME

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. DECEASED 2. DATE OF DEATH 4. USUAL EESIDENCE (Where deceased lived, 19 Institution; residence DEATH: City, Maryland A. STATE before admission) (If not in hospital or institution give street address or HOSPITAL OR location outside corporate limits RURAL and give OR INSTITUTION township Yrs. Pural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED WIDOWED, DIVOR ED (Specify) 6. COLOR OF RACE IJ Under 1 Year If Under 24 Hours last birthday) Months Days Hours; Min. 10A. USUAL OCCUPATION (Give kind of OF BUSINESS OR 11. BIP 12. CITIZEN OF ing most of working life, even if retired) INDUSTR acewse 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL INTORMA ADDRESS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from\_ , 1950 that I last saw the 9-1957), and that death occurred atm., from the causes and on the date stated above. deceased alive on 238 ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 24c. NAME OF (State) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE 24D. LOCATION , 0 DATE RECEIVED BY REGIS/ LOCAL REGISTRAR VS 150

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UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH correct age is especially important.

MARGIN RESERVED FOR BINDING

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

JEKIN I	CATE OF BEATTI
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Md. (b) County
(b) Street addres 39 M. Va fairette	Que (a) State (b) County
(c) Hospital or institution:	(c) City or town Sallmare (If outside city or town limits Fite RURAL and give town)
10	630 91 14 110
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. (15/Jural rije location)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) Citizen of foreign country? (Yes or No) If yes, name country.
3 (a) FULL NAME Envlin	Dyer
3 (b) If veteran, name war 3 (c) Social Security Ac	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH July 20, 1950, at M
4. Sex 5. Color or race 6 (a) Single, married, widow divorced	21. I certify that death occurred on the date above stayed; that lattend-
Temale Colored Jugar	ed deceased from [ 1921, to 129 1950
6 (b) Name of husband or wife June	and that I last saw held alive on day 719 1950
6 (c) If alive, give age	years Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) Sept. 14	181
8. AGE: Years Months Days 1 Vess than one da	
6/ hr.	min. Due to
9. Birthplace	Due to Williams
10. Usual Occupation Town, county, and state)	Due to
II. Industry or business	Other Conditions
12. Name Silton S. Claste	PHYSICIAN
¥	Date of operation
13. Birthplace Ulynna	Major findings of operation:  Underline the cause to which
14. Maiden Name puncha O Me	death should be charged statis.
14. Maiden Name martha O'le 15. Birthplace Myinin	of autopsy: tically.
16 (a) Informant Mrs. Lelly Grootes	22. If death was due to external causes, fill in the following:
(b) Address 639 St. La Sanetto	(a) Accident, suicide, or homicide
17 (a) Surial (b) Date thereof lug. 3	195 (b) Date of occurrence
(Burial, cremation, or removal) (month) (day)	(year) (c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public
Location Duffiguer mil	place? While at work? (Specify type of place)

(e) Means of injury 23. Signature

Address.

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18 (a) Funeral director

(Date rec'd by registrar)

Date signed W

M. D. 430.189

V 4. 24 44.8 40 .

## INSTRUCTIONS FOR MEDICAL CERTIFICATION

#### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

#### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

1	660 M	Vers	FO ON AN
	BALTIMORE CITY H	EALTH DEPARTMENT	50 6/47
10	RTH NO.	E OF DEATH	Registered No.
_	NAME OF DECEASED	2. D	ATE C
	Type or Print)		OF SATH 8/2/57)
	PLACE OF DEATH:	1 4. USUAL RESIDENCE (Where the	eceased liv d. If institution : residence
	Baltimore City, Maryland  FULL NAME (If not in hospital or institution, give street address or	A. STATE	COUNTY before admission)
H	OSPITAL OR location		corporate limits, write RURAL and give
0 (1)	ISTITUTION	MOG	township)
7	7 - Yrs.	D. STREET ADDRESS / If ral, 8	rive location)
C	Length of stay in Baltimore Mos. Days	835 M Fac	and are
	SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOW OVORCED (Specify	8. DATE OF BIRTY 9. AC	GE (In years   H Under 1 Year   H Under 24 Hours
	WIDOW/DOVORCED (Specify)	1/12/80 12:	Months Days Hours Min.
7	A. USUAL OCOPPATION (Givekind of ) OF KIND OF BUSINESS OR	11. FIRTHPLAGE Charlor foreign c	ountry)   12. CIT/ZE/10E
WOI	done during ment to working life, even if retired)	ta	WAATCOUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	trail Miss	12/4 /h.	me
1	. WAS DECEASED EVER IN U.S. ARMED PORCES?   16. SOCIAL	0 00	
(Y	s, no or Dhinown) (If yes, giv war or dates of service) SECURITY NO.	17. INFORMANT	DDRESS
-		- James In	INTERVAL BETWEEN
	6101	OF DEATH	ONSET AND DEATH
13	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Min	5da
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	injury or complication which caused death.) DUE TO		1.51
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ER	OTHER SIGNIFICANT CONDITIONS CON-	V	
Ü	TO THE DISEASE OR CONDITION CAUSING IT.	DATION	
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DICAL	21% ACCIDENT, SUICIDE,   218, PLACE OF INJURY (e.g.,		altimore City, give exact location)
ED	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,		
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURR	RED 21F. HOW DID INJURY OCC	UR?
	OF INJURY WHILE AT NOT WHILE		
	m.   work   AT WORK	12 12 12	2
	22. I hereby certify that I attended the deceased from	100, 1900, to 0	2, 19 Othat I last saw the
	deceased alive on 19 0, and that death occu	erred at ff ff m., from the cau	ses and on the dute stated above.
	1 = = 50 1100 1/2	(Knowled	8/2/50
2	M. D.  4A. BURIAL, CHAMA- 24B. DATE 24C. NAME OF CEMETE 24. REMOVAL (Specify)		ON (City, town, or county) (State)
TI	Dulias Que 6 1957 asker ten	Tren ( K B.	& Car had
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# BALTIMORE CITY HEALTH DEPARTMENT

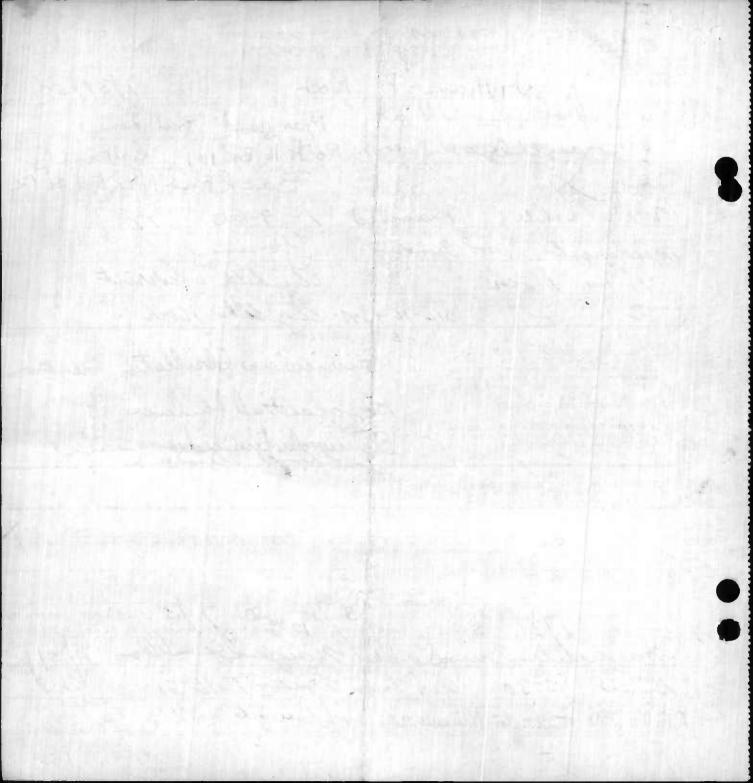
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ctored	No	207

BIRTH NO.	ATE OF DEATH Registered No.			
1. NAME OF DECEASED (Type or Print)  James O. Davis	2. DATE OF DEATH July 31, 1950			
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street addr	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
HOSPITAL OR loca	ation) C. CITY OR TOWN (If outside corporate limits, write RVRAL and give			
	Yrs. D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore 50 years  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	Days 3631 Hickory Avenue  8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 House			
Male White Widower  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF 10B. KIND OF 10B. KIND OF BUSINESS OF 10B. KIND OF BUSINESS OF 10B. KIND OF 10B. KIND OF 10B. KIND OF 10B. KIND OF	October 27, 1876 73			
work dane during most of working life, even if retired)  Carpenter				
Unknown	14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no nr unknown) (If yes, give wer or dates nf service) SECURITY	17. INFORMANT ADDRESS			
No   217-01-299	James A. Downs 36314 Hickory Avenue			
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication with coursed deate,				
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	terescleratio CUD			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION   20. AUTOPSY?			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hnme, ferm, factory, street, nifice				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC OF INJURY WHILE AT NOT	CURRED 21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Light 1919, to July 31, 1950, the deceased alive on 1950, the deceased alive on the deceased alive				
favreur Flunauch M.	METERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
Burial Aug. 4, 1950 St. Mary	s Hampden Baltimore, Maryland   25. FUNERAL DIRECTOR ADDRESS			
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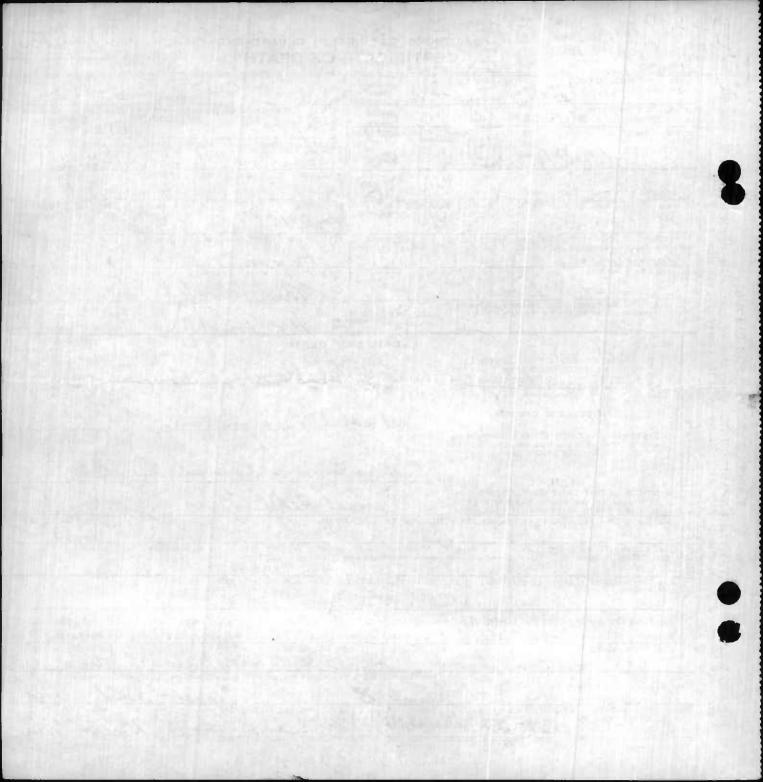
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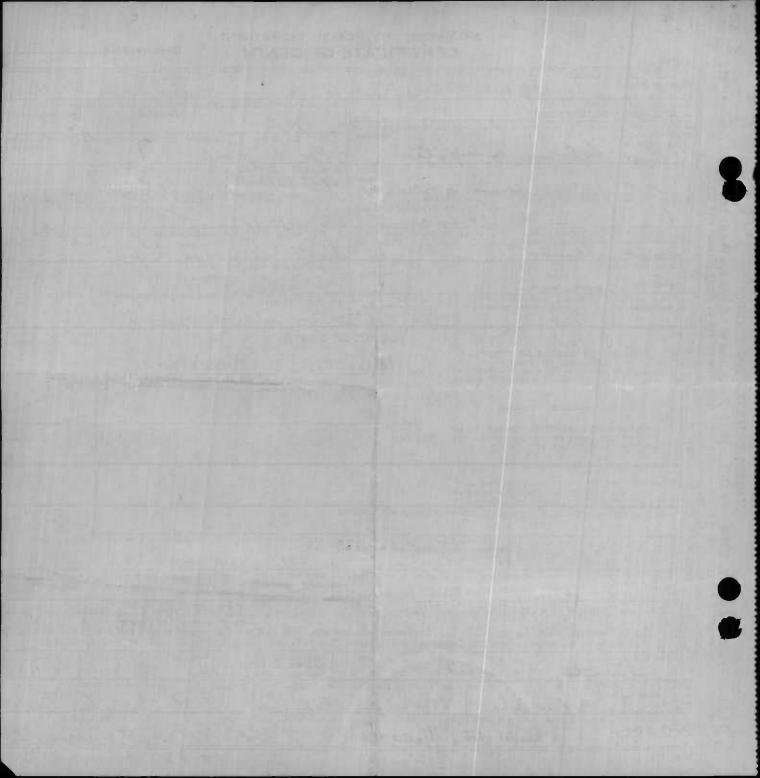
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BIRTH NO.	OEKIII 10/(I	E OF BEATTI		
1. NAME OF DECEASED (Type or Print)	illiam F.	Koch	2. DATE OF DEATH	1/50
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If insti	
B. FULL NAME OF (If not in hospit	al or institution, give street address o	Maryland	Ball mone	before admiss
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	Yrs. Mos.		rural, give location)	1 17
c. Length of stay in Baltimore	Days	Dack	TIVE IVECK IT	CH AT I
Male 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	7 - 9-1873	9. AGE (In years last birthday) Months	
10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired)		11. BIRTHIPLACE (State or fo	reign country)   12.	CITIZEN OF WHAT COUNT
13. FATHER'S NAME	a d	14. MOTHER'S MAIDEN NA	TOTE DO	
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15. WAS DECEASED EVER IN U. S. ARME		17. INEQBMANT	ADDR	FSS
(Yes, no or unknown) (If yes, give war or date	2/6-16-934	18. Elizabeth	/ Tock	200
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OTHER SIGNIFICANT COND				
TO THE DISEASE OR CONDITION	CAUSING IT.			
19a. DATE OF OPERATION	98. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY
21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e. g.,	in or   21c. WHERE DID (II	f in Baltimore City, give	exact location)
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg.	.etc.) INJURY OCCUR?		•
21D. TIME (Month) (Day) (Year	(Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
OF INJURY	WHILE AT NOT WHILE			
22. I hereby certify that I at	m.   WORK AT WORK	5/15 10000	7/3/ 12/ 7	
deceased alive on 2/3/	, 19. 5 Oand that death occu	world at 19 49 from h	ne causes and on the d	at I last saw
234 SIGNATURE	1 · N 10	23B. ADDRESS	23	BE. DATE SIGN
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24A. BURIAL CREMA- 24B. DATE TION, BEMOVAL (Spectry)	24C NAME OF CEMETI		OCATION (City, town, or co	ourky) (Sta
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11.	. L	400				
T. I	0	6750		HEALTH DEPARTMENT	Registered No	6750
	1.	NAME OF DECEASED ppe or Print) E/me	n DFAI		2. DATE OF 8/	2/50
	Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (	Where deceased lived, If in	stitution: residence before admission)
	HO	FULL NAME OF (If not in hospital OSPITAL OR STITUTION , , , , , , , , , , , , , , , , , , ,			f outside corporate limits,	O U
	34 University Hospital Yrs.				rural, give location)	ourty)
		Length of stay in Baltimore SEX   6.COLOR OR RACE		los. Date of Birth	9. AGE (In years   HU	nder 1 Year   1 H Under 24 Hours
	10	MW	WIDOWED, DIVORCED (Sp	may 6, 1887	last birthday) Mont	ths Days Hours Min.
	work	A. USUAL OCCUPATION (Give kind of dope during most of working life, even if retired)	10B. KIND OF BUSINESS O INDUS		foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
	13.	EATHER'S NAME	- 2 /	14. MOTHER'S MAIDEN N	1///	
	15. (Yes	. WAS DECEASED EVER IN U. S. ARMED , no or nnknown) (If yes, give war or detection	FORCES? 16. SOCIAL SECURITY N	O. 17. INFORMANT	1 polde	DRESS D D
		18. 199-1	CAU	SE OF DEATH	eberger, von	INTERVAL BETWEEN
		DISEASE OR CONDITION E LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca	H dying, e.g., (A) Clay	forated abdominal was	reuss	ORDET AND DEATH
	7	ANTECEDENT CAUSE	ES OF	donniel 184		
4	CATION	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) I UNDERLYING CONDITION LAS	STATING THE DUE TO	L.		
	RTIFIC	п	(C) N-17	pertensive cardio u	oscular disease	
	CER	OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	NOT RELATED SA	neral debility		
	CAL		B. MAJOR FINDINGS OF C			YES NO
1	MEDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (cabout home, farm, factory, street, office		(If in Baltimore City, give	ve exact location)
		21D. TIME (Month) (Day) (Year) (OF INJURY	(Hour) 21E. INJURY OCC while at Not w m. Work AT W	HILE	Y OCCUR?	
•		22. I hereby certify that I atte			August 2, 1959,	
0	24 TIO	A. BURIAL, CHEMA- 24B. DATE N. PETOVAL (Specify)	Ishaw, 17 M.D. 249 NAME OF CEN	23B. ADDRESS . University Norp.,	Salto, Md	23c. DATE SIGNED
	DA	AUG 3 - 1950 HELLE	when the little and a state of	25. FUNERAL DIRECTOR	na Be	Ho mi
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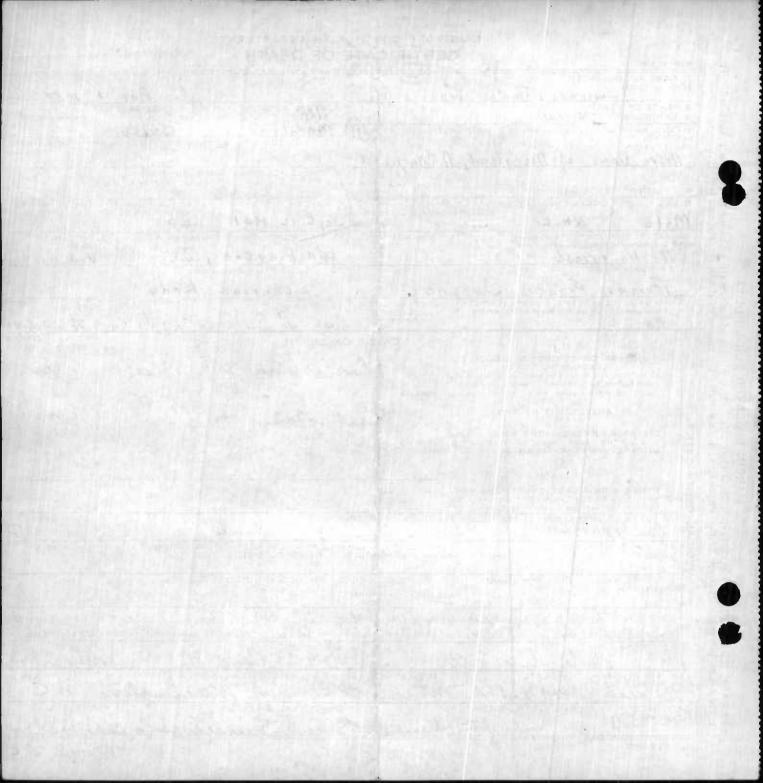
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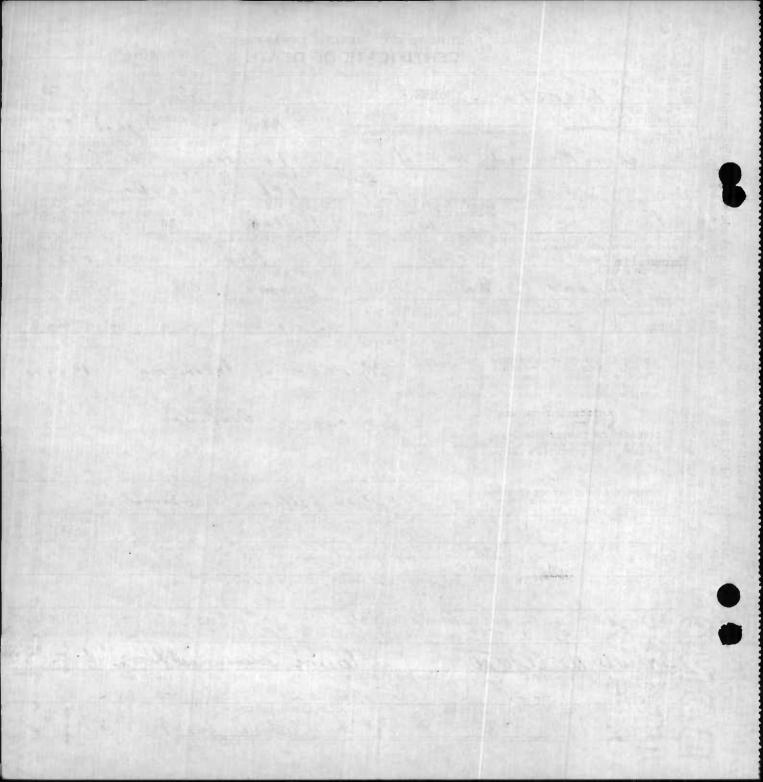
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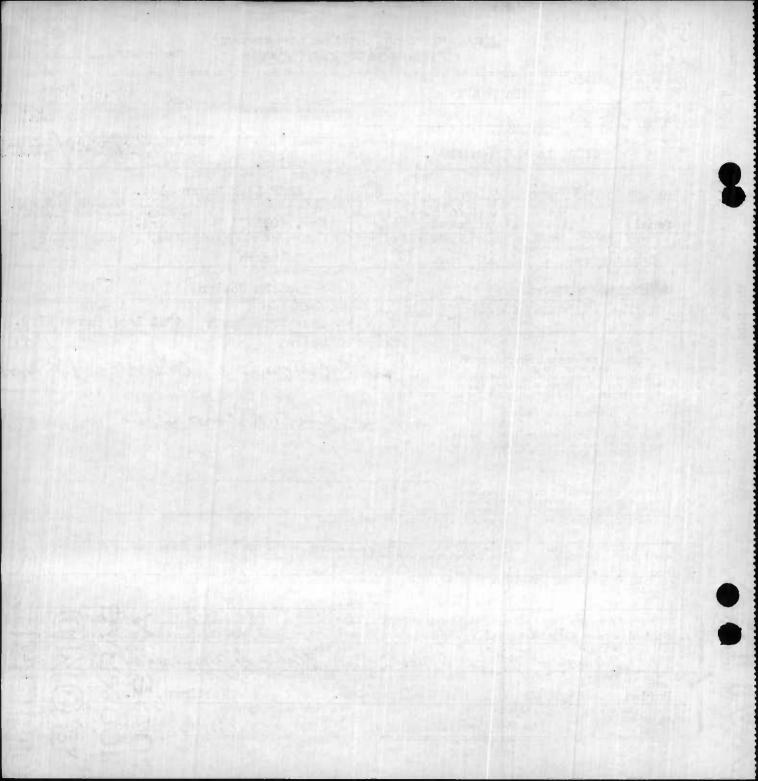
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	IRTH NO.			TIMORE CITY HI	E OF DEATH	Registered	l No.		
	NAME OF D	Berth	e F	McNEEVE		2. DATE OF	8-1-50		
Α.	B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  NOSPITAL OR  NOSTITUTION  Which Memorial Hospital				A. STATE	DEATH E (Where deceased lived. B. COUNTY	before admissio		
H					C. CITY OR TOWN		mits, write RURAL and gi		
34	Miles III		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yrs. Mos.		(If rural, give location)  Dixie Di			
-	SEX	6. COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)			
I C	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY		
_1	Housewife B. FATHER'S		At H		14. MOTHER'S MAIDE	d. N NAME	usa		
15	5. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	Emma 17. INFORMANT	A	JAEGER		
(Xe	Non	(If yes, give war or date	es of service)	None	Mr. Henry Sch	ad 406 Dixie			
		201/ SE OR CONDITION LEADING TO DEA			of DEATH	la familia	ONSET AND DEAT		
	heart failt	s not mean the mode are, asthenia, etc. It mes complication which	of dying, e. g ans the disease	, (//,/	<i>C</i> C C C C C C C C C C C C C C C C C C	• • • • • • • • • • • • • • • • • • •	- Gays		
Z		ANTECEDENT CAU			onany O	eclusion			
SATIO	RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L	STATING TH						
RTIFIC	OTHER	II SIGNIFICANT COND	TIONS SAU	(C)					
CEF	TRIBUTING TO THE D	G TO THE DEATH, BUT	NOT RELATE	o Anti	enio sclerosis	6-enemal	20. AUTOPSY?		
EDICAL		ENT. SUICIDE,		CE OF INJURY (e. g.,		(If in Baltimore City	y, give exact location)		
MED	HOMICIDE	(Specify)	about home, fa	rm, factory, street, office bldg.,	etc.) INJURY OCCUR?	HIBY OCCUP?			
1	OF INJURY OCCUR?    21b. TIME (Month) (Day) (Year) (Hour)   21c. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?    WHILE AT   NOT WHILE								
			22. I hereby certify that I attended the deceased from Vuly 27, 1950, to Aug 1, 1950, tha						
	22. I hereb	y certify that I at	tended the	and that death occur	rred at & 10 19m., fr				
	deceased a 23A. SIGNA	ture on any i	19 st.	m. D.	rred at Fm., from the state of	om the causes and on	the date stated above		
2. T1	deceased a  23A. SIGNA  10A  4A. BURIAL. ON, REMOVAL (S  Burial	TURE  IS H. CO  CREMA-  Specify)  8-4-	19.50, a	and that death occur	rred at Frm., freeze at Street at St		the date stated above 23c DATE SIGNE (State		
2: T1	deceased a 23A. SIGNA	TURE  CREMA- Pecify  B-4-  D BY  REGISTRAR	19.50, a	m. D. Ac. NAME OF CEMETE	rred at Frm., freeze at Street at St	om the causes and on the causes are caused and on the causes are caused and on the causes and on the causes are caused and on the causes and on the causes and on the causes are caused and on the causes and on the causes are caused and on the cause are caused and on the caused and on the cause are caused and on the caused and on the caused and on the c	the date stated above 23c DATE SIGNE (State		



BI	RTH NO.		-	ERTIFICAT	E OF DEATH		tered No.		
1. NAME OF DECEASED (Type or Print)  LIDA HYATT  3. PLACE OF DEATH: A. Baltimore City, Maryland					2. DATE OF DEATH	Aug.	1, 1	950	
				4. USUAL RESIDENCE		lived. If inst	itution : r		
в.	FULL NAME		ital or institution	n, give street address or	Md.		4	OI	1
	STITUTION	4222: Loch	Raven Bl	location	C. CITT OR TOWN	(If outside corpora	ale limit, w	rie RUI	AL and gr townshi
-	1-0			Yrs.	Balto.	(If rural, give loca	tion)		- 41
c.	Length of s	tay in Baltimore		Mos. Days	4222 Loch	Raven Blv	d.		
5.	sex female	6. COLOR OR RACI		D, DIVORCED (Specify	8. DATE OF BIRTH Nov. 10, 1861	9. AGE (In y last birthd 88 yr	lay)  Month		f Under 24 Hou Fours Min
10.	A. USUAL OC done during moets	CUPATION (Give kind of working life, even if retire	of 108. KIND (	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12	. CITIZE WHAT	N OF COUNTR
13	FATHER'S		40 2203		14. MOTHER'S MAIDE				
		iam R. Garto			Priscilla Jo	slyn			
15 Yea	, mo or unknown)	ED EVER IN U.S. ARM (If yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Miss Erma Hy	ratt 4222	Loch		Blvd.
	(This does heart failt	EE OR CONDITION LEADING TO DE s not mean the mode are, asthenia, etc. It m complication which	ATH of dying, e.g., eans the disease, caused death.)	(A)	arcinoma	· Klolu	m	/	8. Mo
ERTIFICATION	(This does beart failt injury or DISEASE RISE TO UNDERL	LEADING TO DE s not mean the mode are, asthenia, etc. It m complication which ANTECEDENT CAI S OR CONDITIONS, THE ABOVE CAUSE (/ YING CONDITION)	aTH of dying, e.g., caused death.)  JSES  IF ANY, GIVING A) STATING THE LAST.  DITIONS CON-	DUE TO (B)	aroinoma Eury Can	· Klolu cinomali	m	/	8. Mo
Ш	(This does heart failt injury or DISEASE RISE TO UNDERL OTHER STRIBUTION TO THE E	LEADING TO DE s not mean the mode tre, asthenia, etc. It m complication which  ANTECEDENT CAI S OR CONDITIONS, THE ABOVE CAUSE (1) YING CONDITION  II SIGNIFICANT CON S TO THE DEATH, BU DISEASE OR CONDITION	ATH of dying, e.g., eans the disease, caused death.)  JSES  IF ANY, GIVING A) STATING THE LAST.  DITIONS CON- IT NOT RELATED ON CAUSING IT.	(B)	Eury Can	· Klolu	m	20, Al	JTOPSY?
Ш	(This does heart failt injury or DISEASE RISE TO UNDERL OTHER STRIBUTION TO THE E	LEADING TO DE s not mean the mode are, asthenia, etc. It m complication which  ANTECEDENT CAN S OR CONDITIONS, HE ABOVE CAUSE () YING CONDITION  II BIGNIFICANT CON S TO THE DEATH, BU	ATH of dying, e.g., eans the disease, caused death.)  JSES  IF ANY, GIVING A) STATING THE LAST.  DITIONS CON- IT NOT RELATED ON CAUSING IT.	DUE TO	Eury Can	einomal	yzu	YES	У. <b>Мо</b> 1 тор 5 ч 7  1 по [
DICAL CE	(This does heart failt injury or DISEASE RISE TO UNDERLOTHER STRIBUTION TO THE E	LEADING TO DE s not mean the mode tre, asthenia, etc. It m complication which  ANTECEDENT CAI S OR CONDITIONS, THE ABOVE CAUSE (1) YING CONDITION  II SIGNIFICANT CON S TO THE DEATH, BU DISEASE OR CONDITION	ATH of dying, e.g., eans the disease, caused death.)  JSES  IF ANY, GIVING A) STATING THE LAST.  DITIONS CON- IT NOT RELATED DN CAUSING IT. 19B. MAJOR F	(B)	RATION in or   21c. WHERE DID	· Klolu	yzu	YES	No [
DICAL CE	(This doe heart failt in jury or DISEASE RISE TO UNDERL OTHER STRIBUTION TO THE ELEMENT OF THE E	LEADING TO DE so not mean the mode are, asthenia, etc. It means the complication which antecedent Cales of Conditions and Conditions are conditions. The above cause of the condition of the death, but of the death, but of the property of the condition of the con	ATH of dying, e.g., eans the disease, caused death.)  JSES  IF ANY, GIVING A) STATING THE LAST.  DITIONS CON- IT NOT RELATED ON CAUSING IT. 19B. MAJOR F  21B. PLAC about home, fari	DUE TO  (B)  DUE TO  (C)  FINDINGS OF OPEI  E OF INJURY (e. g., m, factory, street, office hidg.,	RATION  in or 21c. WHERE DID INJURY OCCUR?  RED 21f. HOW DID INJ	(If in Baltimore	yzu	YES	No
EDICAL CE	(This does heart failt in jury or DISEASE RISE TO UNDERL OTHER STRIBUTION TO THE ELEMENT OF THE DESTRIBUTION OF THE DESTRIBUTI	LEADING TO DE s not mean the mode tre, asthenia, etc. It m complication which  ANTECEDENT CAI S OR CONDITIONS, THE ABOVE CAUSE (1) YING CONDITION G TO THE DEATH, BU DISEASE OR CONDITION OF OPERATION ENT. SUICIDE, (Specify)  (Month) (Day) (Yea	ATH of dying, e.g., eans the disease, caused death.)  JSES  IF ANY, GIVING A) STATING THE LAST.  DITIONS CON- IT NOT RELATED ON CAUSING IT. 19B. MAJOR F  21B. PLAC about home, fari T) (Hour)  MH WH W	DUE TO  (B)  DUE TO  (C)  FINDINGS OF OPEL  E OF INJURY (e. g., m,factory,street,office hidg.	RATION  in or 21c. WHERE DID INJURY OCCUR?  RED 21f. HOW DID INJ	(If in Baltimore	e City, give	YES exact lo	NO Cation)
EDICAL CE	(This does heart failt injury or DISEASE RISE TO UNDERL OTHER STRIBUTION TO THE ELEMENT OF INJURY 22. I hereby deceased a	LEADING TO DE s not mean the mode tre, asthenia, etc. It m complication which  ANTECEDENT CAI S OR CONDITIONS, THE ABOVE CAUSE (1) YING CONDITION G TO THE DEATH, BU DISEASE OR CONDITION ENT. SUICIDE, (Specify)  (Month) (Day) (Yea  W certify that I a  live on 3 - 2	ATH of dying, e.g., eans the disease, caused death.)  JSES  IF ANY, GIVING A) STATING THE LAST.  DITIONS CON- IT NOT RELATED ON CAUSING IT. 19B. MAJOR F  21B. PLAC about home, fari ur) (Hour)  21 wh wh ttended the d	DUE TO  (B)  DUE TO  (C)  FINDINGS OF OPEI  E OF INJURY (e. g., m,factory,street,office bldg, more white at work eceased from and that death occu	RATION  in or 21c. WHERE DID 1NJURY OCCUR?  RED 21f. HOW DID 1NJ  1 - / - , 1944, to 12 tred at	(If in Baltimore	e City, give	YES Exact lo	No cation)  st saw t
EDICAL CE	(This does heart failt in jury or DISEASE RISE TO UNDERL OTHER STRIBUTIN TO THE ENDING	LEADING TO DE s not mean the mode tre, asthenia, etc. It m complication which  ANTECEDENT CAI S OR CONDITIONS, THE ABOVE CAUSE (1) YING CONDITION G TO THE DEATH, BU DISEASE OR CONDITION ENT. SUICIDE, (Specify)  (Month) (Day) (Yea  W certify that I a  live on 3 - 2	ATH of dying, e.g., eans the disease, caused death.)  JSES  IF ANY, GIVING A) STATING THE LAST.  DITIONS CON- IT NOT RELATED ON CAUSING IT. 19B. MAJOR F  21B. PLAC about home, fari ur) (Hour)  21 wh wh ttended the d	DUE TO  (B)  DUE TO  (C)  FINDINGS OF OPEI  E OF INJURY (e. g., m,factory,street,office bldg, more white at work eceased from and that death occu	RATION  in or 21c. WHERE DID INJURY OCCUR?  RED 21f. HOW DID INJ	(If in Baltimore URY OCCUR?	e City, give	YES Exact lo	No cation)
MEDICAL CE	(This does heart failt injury or DISEASE RISE TO UNDERL OTHER STRIBUTION TO THE ELEMENT OF INJURY 22. I hereby deceased a	LEADING TO DE in the mode are, asthenia, etc. It means the mode are, asthenia, etc. It me complication which antecedent call so or conditions. The above cause (ying condition)  II SIGNIFICANT CONDITION TO THE DEATH, BUILDER OF CONDITION OF OPERATION OF COMPANY (Specify)  (Month) (Day) (Yes are conditions) (Month) (Day) (Yes are certify that I are certify that I are conditions on the conditions of the certify that I are certificated are certi	ATH of dying, e.g., eans the disease, caused death.)  JSES  IF ANY, GIVING A) STATING THE LAST.  DITIONS CON- IT NOT RELATED ON CAUSING IT. 19B. MAJOR F  21B. PLAC about home, farm THE THE THE DITIONS CON- THE	DUE TO  (B)	RATION  in or 21c. WHERE DID INJURY OCCUR?  RED 21f. HOW DID INJURY OCCUR?  1944, to mred at m., fro 23B. ADDRESS  LEY OR CREMATORY 24	(If in Baltimore URY OCCUR?	e City, give	exact lo	st saw ited abor

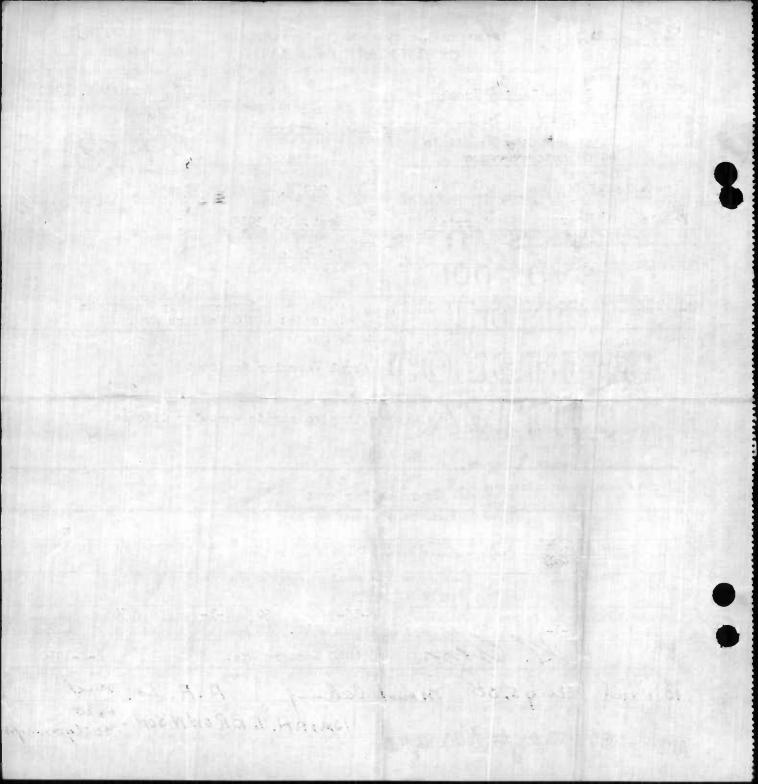


620 EEA-138950 6755

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6755

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered 1	10.
1. NAME OF (Type or Print)					2. DATE OF Assert	-1 7 70/0
	Evelyn Lar	idon Bri	ooks		DEATH MUGIL	st 1, 1950
3. PLACE OF A. Baltimore	City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL NAMI	E OF (If not in hospit	al or institut	ion, give street address or	Maryland		
HOSPITAL OF	Baltimore Cit	W Hosp:	itals   location)	C. CITY OR TOWN (I	outside corporate limit	s write YURAL and give
in it	4940 Eastern	Avenue		Baltimore	4-	township)
39	E E E E E		Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of	stay in Baltimore	21 ;	yrs. Mos. Days	759 W. Saratos	a Street	
5. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	Under 1 Year   If Under 24 Hours
Female	Negro		/ED.DIVORCED (Specify)	Sept. 15, 1915	34	onths Days Hours Min.
10A. USUAL C	CCUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
ork done during mo	et of working life, even if retired)		INDUSTRY	Virginia		WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
			(D			(D
15. WAS DECEA	SED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17 11/50 11/10 11/10	0.11 T	
Yes, no or unknow	n) (If yes, give war or date	e of service)	SECURITY NO.	Records: 4940 E	Castern Ave.	7.66 T-0
1	10.11				astern ave.	INTERVAL BETWEEN
18. 44	13,X		CAUSE	OF DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION LEADING TO DEA			3 W 3 - 1 - 1	2	
(This do	es not mean the mode of	of dying, e. g	5.5	ral Vascular Acci	aent.	
	lure, asthenia, etc. It mea or complication which o					•
	ANTECEDENT CAUS	SFS				
z		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(B) Hypert	ensive cardio vas	cular disease	9
O DISEAS	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDER	LYING CONDITION LA					
<u>U</u>	The second of		(C)		***************************************	***************************************
DISEAS RISE TO UNDER!	F III		UTILICE PURE			
OTHER TRIBUTII	SIGNIFICANT CONDI			r cvst		
O THE	DISEASE OR CONDITION	CAUSING I	т			
19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
<b>ŏ</b>				1 00 - 100 - 100	ta t m tut or	YES NO
LYING CALISE OF						
	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
OF INJUR	Y		WHILE AT NOT WHILE			
- V.	7	m.	WORK AT WORK	5- 150 to 8-	7 5	0
22. I here	coy certify that I at	tended the	deceased from 6-1	, 190, to 0		o, that I last saw the
deceased 23A. SIGN		, 19.00		rred at 11.354M, from t	the causes and on t	
23A. SIGN	ATURE	CXA	The 1	940 Eastern Ave.		8-2-1950
24A. BURIAL.	CREMA- 24B. DATE	1	M. D.		OCATION (City, town	
TION REMOVAL	(Speaify)	- 1	1 0	0	nn	min
Dur	at leng.	1,00	monst 4	aling 1	N.M. CO.	1000000
DATE RECEIV		S SIGNATU	JRE	25. FUNERAL DIRECTOR	2 410/0/5-01/	ADDRESS
	the of	1 11	2 24.	ISAIAH. L BA	ON IN SON -	montgomery
AU & 350	1950 hunder	1/00 //W	liane, Him			
HUU						(121)



PLEASE WRI

HEZA CIPTE C	TY HEALTH DEPARTMENT 50 6756  CATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Nyrtle Mae Kinnear	2. DATE OF DEATH 8-2-1950
8. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR Baltimore City Hospitals  14940 Eastern Aye.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission
c. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE Female White Divorced  10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINES)	Aug. 18-1897   52
	Maryland  14. MOTHER'S MAIDEN NAME  Lillian  17. INFORMANT
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  OUE TO	USE OF DEATH  emia  pertensive Cardio- Vascular Disease
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF CONTRIBUTING 19B. MAJOR FINDINGS OF CAUSE OF DEATH 19B. MAJOR FINDINGS OF DEATH 19B. MAJOR	(e. g., in or leabldg.,etc.)   21C. WHERE DID   (If in Baltimore City, give exact location)   INJURY OCCUR?
m.   work   22. I hereby certify that I attended the deceased fr	T WORK L

24A. BURIAL, CREMA-TION REMOVAL (Specify)

23A. SIGNATURE

24B. DATE

24D. LOCATION (City, town, or county)

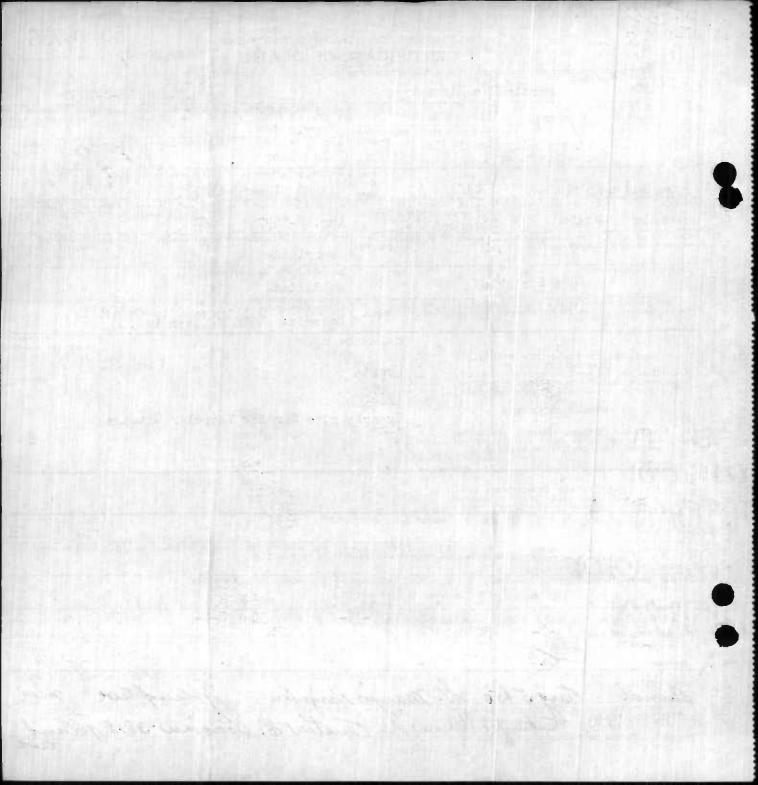
8-2-1950

GREGIVED BY

238. ADDRESS 4940 Eastern

Ave.

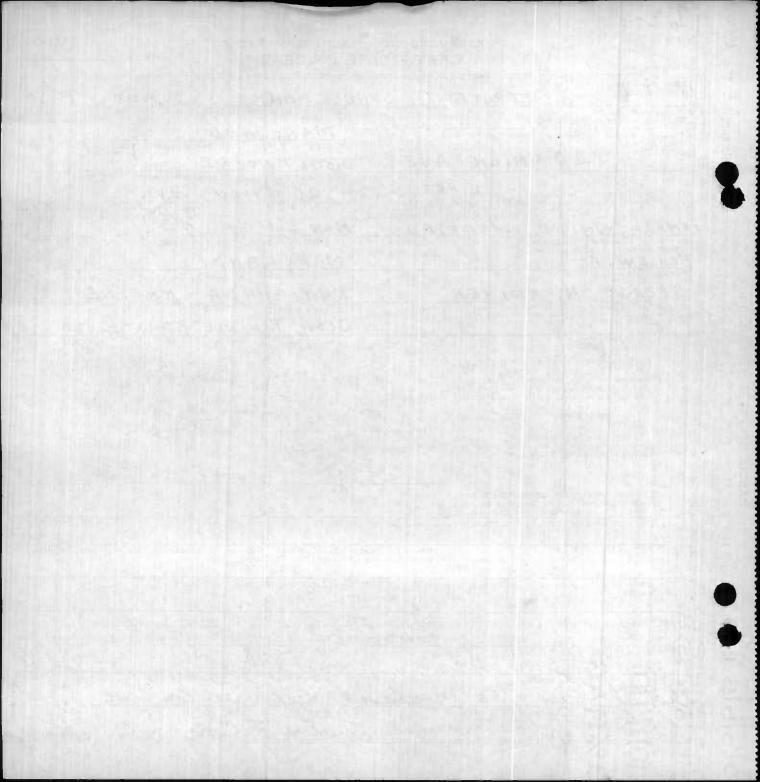
ADDRESS



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フー	0	6757

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Low	Mo		

	CERTIFICATE OF DEATH Registered	No.
	1. NAME OF DECEASED 2. DATE	
	(Type or Print) GERTRUDE C. SPRUCEBANK DEATH AU	G 1, 1950
	3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived, A. STATE  B. COUNTY	If institution : residence before admission
	B. FULL NAME OF (If not in hospital or institution, give street address or MARVLAND	
1	INSTITUTION 070 Illandia	nits write RURAL and give township
	BALTIMORE  Yrs. D. STREET ADDRESS (If rural, give location)	<b>4</b>
-	c. Length of stay in Baltimore LIFE Mos. Days 820 UNION AVE	
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) last birthday)	H Under I Year   H Under 24 Hours Months: Days   Hours: Min.
1	FEMALE WHITE MARRIED MAR 6, 1904 46	0
	10A. USUAL OCCUPATION (Give kind of work one during most of working life, even if ratired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	HOUSEWIFE MARY LAND  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	u.s.
1	15 WAS DECEASED TWO IN IS A DUST SONOTED IN IN IS A DUST SONOTED IN IS A DUST SONOTED IN IN I	INER
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 1	ADDRESS
-	1100	DISTERVAL BETWEEN
1	18. 420.1	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	3/40
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	J. f. J. J.
	Z ANTECEDENT CAUSES (B) Coronary Chery Vi	2
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
	UNDERLYING CONDITION LAST.	
	(c) Her Ourson Vascul	(911)
	OTHER SIGNIFICANT CONDITIONS CON-	
	TO THE DISEASE OR CONDITION CAUSING IT.	
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	yes No L
	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
	OF INJURY  WHILE AT NOT WHILE  MORK AT WORK	
		50 that I last saw th
	deceased alive on	
	23a, SIGNATURE 1 23b. ADDRESS	23c. DATE SIGNED
	Toward, Hammy M.D. 407 gals 101.	18/450
	24A, BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town removal (Specify)	vn, or county) (State)
	Durial lug 4/30 Mouland Fur Haylor U	ve, ma
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR SONORAN	ADDRESS A
	AUG 3 - 1950 Cluder 6. Nonovan	28/8/Jolang
1.5		/ / /



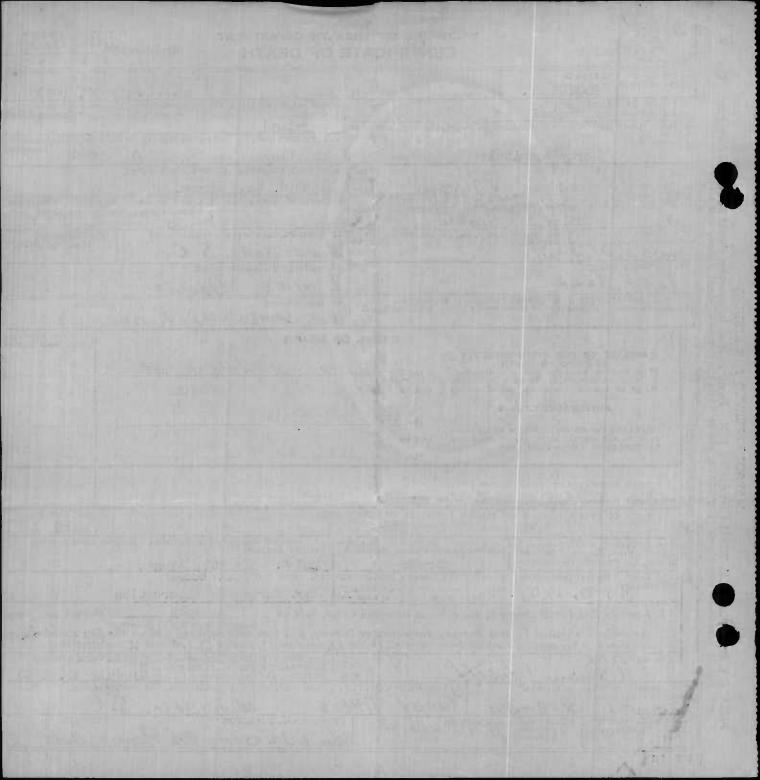
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PLEASE WRIT PLA

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6758

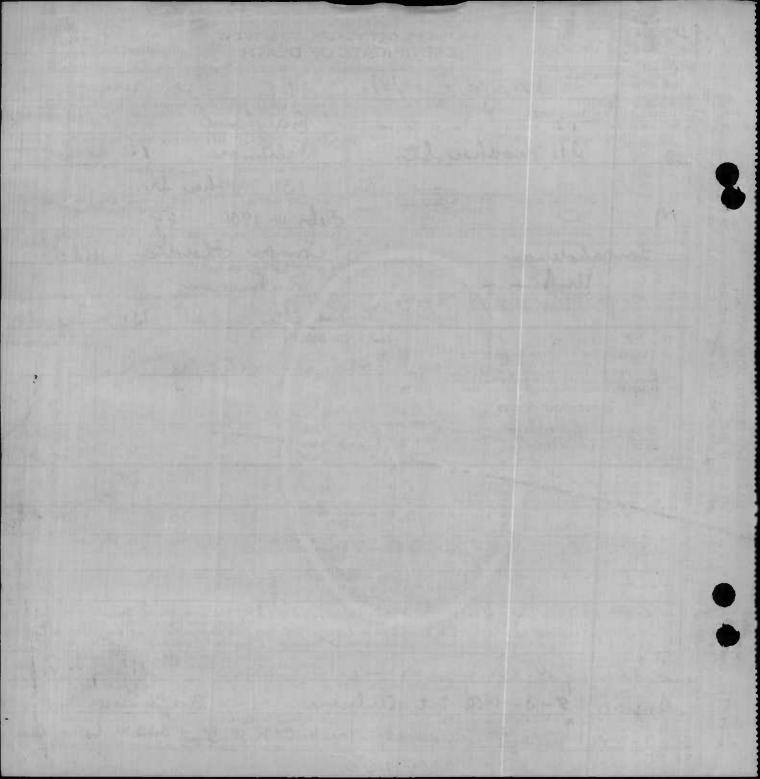
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) BOOKER T. JAMES	2. DATE OF DEATH July 30. 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION	C. CITTOR TOWN (II outside corporate mins, write KURAL and give
Mercy Hospital	Baltimore
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 12 / EARS Days 5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	
WIDOWED, DIVORCED (Specify)	
male   colored   5/n G/E  10A. USUAL OCCUPATION (Givekind of   10B. KIND OF BUSINESS OR	33
	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
UNEMPLOYEN ABOUTER-STEELMIL	WINNS BORO. S. C. WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN JAMES	EUNICE DOUGLAS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT
	W.T. JAMES - 421 ROBERT ST.
18. F 98/X. CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	le gun shot wounds of chest and
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	abdomen
ACULE A	peritonitis
DISEASES OR CONDITIONS, IF ANY, GIVING	2011001110112
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
[1]	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	
Tox. Ball of G. Ellarion	
21a FXTERNAL CALISE WAS 21B. PLACE OF INJURY (e.g., in	
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?
u cinto de casa di partiti screet	418 E. Lafayette Avenue
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	
of INJURY Ly 29, 1950 8.30pm. WHILE AT NOT WHILE AT WORK	Shot during an altercation
22. I certify that I took charge of the remains described a	above, held an autopsy thereon and from
the evidence obtained by said Autoney Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural eauses	$B \square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
Willeam Varith M	ASSISTANT MEDICAL EXAMINER July 31. 1950
24A. BURIAL. CREMA: 24B. DATE 23C. NAME OF CEMETE	
KEMOVAL 8-3-50 SHADY GR	OUE WINNSBORD. S.C.
DATE RECEIVED BY A DECISION DISCOUNTED	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRARS STONAL MILES	Wm. A. JACKSON - 916 PENNA. AUE.
14000	WM. II. SICKSON TO TEDONI, 1.02.
VS 151 1/ 0/ 0/ 1/ 9705	A 1/1 V



BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

50 675.3

В	IRTH NO. CERTIFICAT	E OF DEATH Registered No.	10
1 (1	NAME OF DECEASED JAMES MC	CALL 2. DATE OF July 29,	1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: red A. STATE B. COUNTY before	sidence admission)
H	FULL NAME OF ('f not in hospital or institution, give street address or OSPITAL OR NSTITUTION 1311 Moshies At.	c. CITY OR TOWN . (If outside corporate limits, write RURA	L and give wnship)
-	Yrs.	D. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore Mos. Days		
5	SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify)		Under 24 Hours Durs Min.
	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN WHAT C	OF OUNTRY?
1:	B. FATHER'S NOME Unhammed	14. MOTHER'S MAIDEN NAME	
13 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL.  3. no or unknown) (11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
	,   3233	mes Eller mc Call, 1311 mosher	St
		OF DEATH INTERVAL ONSET AN	BETWEEN ND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ionam esten selessis	*******************
	ANTECEDENT CAUSES		
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)		
U	11		
ERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
7	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUT	NO W
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING  OR CONTRIB. UTING  CAUSE OF DEATH	in or 21c. WHERE DID (If in Baltimore City, give exact loca etc.) INJURY OCCUR?	tion)
Σ	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK		
	22. I certify that I took charge of the remains described of	above, held an Inspedion and Lynn thereon a	nd from
	the evidence obtained by said Autopsy, Inspection or land death in my opinion resulted from: natural causes	Autoply, Inspection or Inquiry   Inquiry, find that said deceased died on the day state  R, accident  , suicide  , homicide  , undetermined	$d$ above, $d$ $\square$ .
		238. CHIEF MEDICAL EXAMINER 23c. DATE SIGN ASSISTANT MEDICAL EXAMINER 23c. DATE SIGN ASSISTANT MEDICAL EXAMINER 23c. DATE SIGN ASSISTANT MEDICAL INVESTIGATOR 23c. DATE SIGN ASSISTANT MEDICAL INVESTIGATOR 23c. DATE SIGN ASSISTANT MEDICAL EXAMINER	1950.
	44. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify) 8-3-1950 ht. Oul	ery or CREMATORY 24D. LOCATION (City, Joyn, or chunty)  Baltimore, me	(State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR  LIC 3 - 1950	mr. Kati R. Willing 322 N. Isha,	La ;



5A	7-127405
BIR	TH NO.6760

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No. 6760

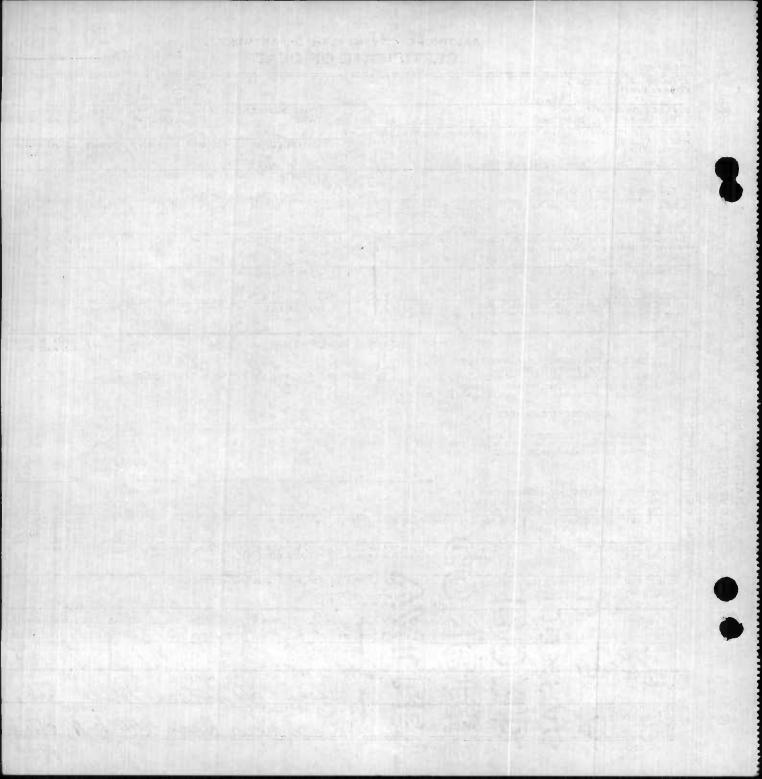
					9		
1. NAME (Type or	OF DECEASED Print)	Russ	ell Nj	nness		2. DATE OF DEATH	7-31-50
A. Baltin	e of DEATH: more City, Mary	land			4. USUAL RESIDENCE A. STATE		
	NAME OF (If no	ot in hospital	l or institut	ion, give street address or	Maryland		
	OSPITAL OR location)				C. CITY OR TOWN	(If outside corporate li	mits, write RERAL and give
1110	ASTITUTION Baltimore City Hospitals				Baltimore		township)
	4740	- HS 001.	H AVE.				
-			100000	Yrs.	D. STREET ADDRESS	(If rural, give location)	
c Lengi	th of stay in Bal	timoro	Life	Mos.	1228 Madis	son Ave. (St.)	
5. SEX				Days			THE TAX THE TAX TO A P
5. SEX	6. COLOR	OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
Male	Negro	,	Monn	ied (Separated)	Dec. 20-1898	51	2000
			1.1971.1	real pengracea,			
TOA. USE	AL OCCUPATION	(Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF
WOLF GOTTE GET	riog most of working life, ev	Carlo Carlo	NN	INDUSTRY	Mameland		WHAT COUNTRY?
		1 KNO I	No La		Maryland		
13. FATH	ER'S NAME				14. MOTHER'S MAIDEN	NAME	
		John M	inness		Magain D-mi-		
					Maggie Parker		
15. WAS (Yes, no or u	DECEASED EVER IN U	U, S. ARMED e war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	Records: 4940	imore City H.	ospitais
					4940	Dastern Ave	INTERVAL BETWEEN
TRICATION OT THE CATION OT THE	his does not mean it ant failure, asthenia, art failure, asthenia, jury or complication  ANTECEDE SEASES OR COND SE TO THE ABOVE CONDERLYING COND THER SIGNIFICAN IBUTING TO THE DE	TO DEATI the mode of etc. It mean n which ca ITIONS, IF LAUSE (A) S DITION LAS	dying, e. g s the diseas used death death death any, GIVIN STATING THE TONS CONTOUR RELATE	(A) Tension (B) Old Fi	of DEATH  n Pneumothorax.  brocaseous Puln	onary Tuberc	ulosis
	THE DISEASE OR						
	DATE OF OPERATI	ION - 1 19	B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
		3					
(1)	-31-1950				othorax		
D LYIN	ACCIDENT WAS I NG OR CONTRIB SE OF DEATH			ACE OF INJURY (e. g., in arm,fsctory,street,office bldg.,e		(If in Baltimore Cit	y, give exact location)
21D.	TIME (Month) (D	ay) (Year)	Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJU	JRY OCCUR?	
OF II	VJURY	, , ,					
			m.	WHILE AT NOT WHILE			
				_			
22. 1	hereby certify t	hat I atte	nded the	deceased from 3-8.	, 19 49 to_	7-31 19	50, that I last saw the
	ased alive on 2		10 50	and that death seems	mad at 10 45PM from	n the earless and or	n the date stated above.
		1	, 13			n the causes and or	
23A.	SIGNATURE	//	1.		3B. ADDRESS		23c. DATE SIGNED
	63	1./	ogen	M. D.	4940 Eastern Av	0.	8-1-50
244 91	IRIAL CREMA-1 34	B. DATE	11	141 011	RY OR CREMATORY   240		wn. or county) (State)
TION, REM	RIAL, CREMA- LOVAL (Specify)	U. DAIL	11		OR CILLIATORT 24L	Local Toll (oity, to	(Diate)
n.	150119	- 4-1	950	mt, au	Jun	13011	ores mai
5475	ECELVED DV	0100015:5	010111	105	25. FUNERAL DIRECTO	1200000	ADDRESS
	REGISTRAR-	GISTRAR'S	SIGNATL	IKE		1 11	ADDRESS
MITA	3-1950 -	free which	-f- 1/1	11:	mrs, Kate	: R. Wille	- 322 W1 /
HUC	10 1004 1	mulling	1-50-114	What a line of the line	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 . 11 . 5000	Saluster
140	150		h .				



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PLEASE WRITT PLA IV, WITH UNFADING correct age is especially important. Physicians: p	
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PLA Special	
WRIT ge is e	
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KAVATHAKOS BALTIMORE CITY HEALTH DEPARTMENT 50 6761 CERTIFICATE OF DEATH Registered No.

B	IRTH NO.						
	NAME OF C	DECEASED				2. DATE	
(1	ype or 11mt)	John Kayath	oros			DEATH 82	50
A.		City, Maryland			4. USUAL RESIDENCE (	Where deceased lived. If B. COUNTY	institution : residence before admission)
H	FULL NAME OSPITAL OR	OF (II not in nospit	al or institut	ion, give street address or location)		f outside cornorate livit	s, write PURAL and give
11/	STITUTION	Ma. 0	11		PIL	t outside corporate man	township)
-	Journ Do	. Howe Genera	Hospi		Saltimore		
14	٠		,	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
		stay in Baltimore		Days	1535 Coving tors	street	
3.	SEX	6. COLOR OR RACE		E. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year   If Under 24 Hours on the Days   Hours Min.
	Male	White	Sin	ile	211	67	
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
	ha	borer		INDOSTRI	Greece		WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN N	AME	
(	hances K	w. Water			Land Lunck		
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	JESH LUCA NOS		
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	A	DDRESS
_							
	18.	17 X .		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION		0	111	10	
	(This doe	LEADING TO DEA's not mean the mode of	of dying, e.	(A) Carce	noma of Head	of Vancrees	
	heart fail	ure, asthenia, etc. It mea	ns the diseas	e,	0	0	
				.,			
7		ANTECEDENT CAUS	SES				
ō	DISEASE	S OR CONDITIONS,	F ANY, GIVIN	(B)IG	***************************************		
E	RISE TO	THE ABOVE CAUSE (A)	STATING TI				
Ü							
L.		- 11		_(C)		***************************************	
ERTIFICATION		SIGNIFICANT COND					
CE		G TO THE DEATH, BUT					
				FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL							YES NO
2		ENT. SUICIDE,	218. PLA	CE OF INJURY (e. g., i	or 21c. WHERE DID (	If in Baltimore City, g	give exact location)
E	HOMICIDE	(Specify)	about nome,	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	21b. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY			WHILE AT   NOT WHILE			
			m.	WORK AT WORK			
		y certify that I att	ended the	deceased from 7	/3/ , 1950, to 8	/2 , 1950	2, that I last saw the
	deceased a	live on 8/2	, 1950,	and that death occur	rred at 8 Am., from t	he causes and on th	he date stated above.
	23A, SIGNA	TURE	1	1 2	3B ADDRESS	~ 1/	23c. DATE SIGNED
	1//	Mam 13	Com	QUI M. D. C	touth Ballo	Con. Hosp	8/3/50
24 TI	AA. BURIAD.	CREMA- 24B. DATE Specify)	//	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
- 9		8-4-	500	sneed Cin	nelery Wir	edsor MI	all Kel,
D.	ATE RECEIVE	D BY   REGISTRAR	SSIGNATE	RE	25 FUNERAL DIRECTOR	Λ	ADDRESS
-	AUG 3 -	1950 thurtus	ton Mil	LENLL, MILL	Nameles .	Nino 440	E. North
-					1 CONTRACTOR	0000	7 1101/11
	VS 150	المهري ،	- thought the fire	971	99	46	a five.
	81 69. 7.00.00		LE	110	2 2 6 0	10	



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0	6	76	
BIR	TH N	0.	
1. N	IAME	OF	DI

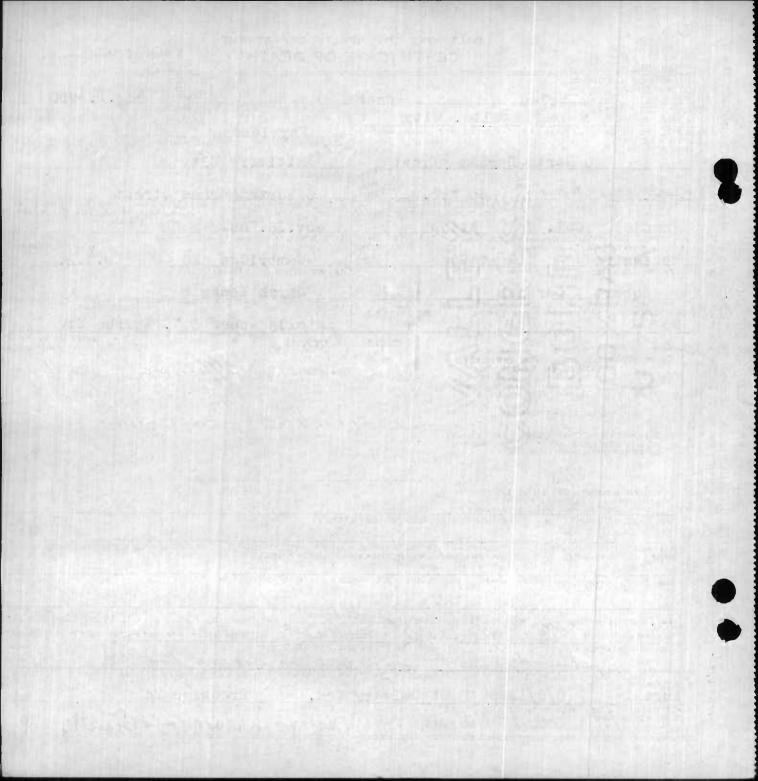
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6762

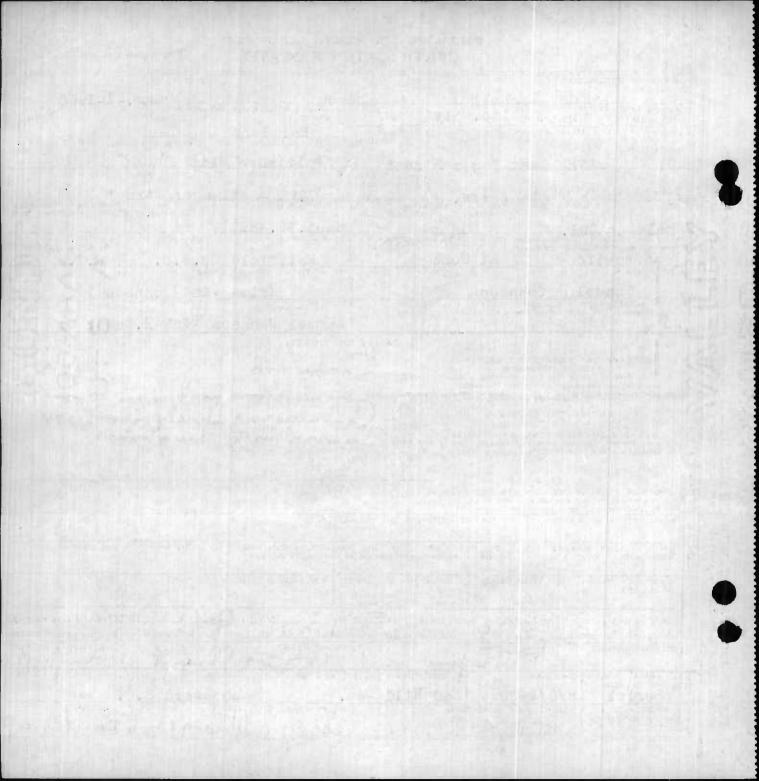
10	0100	C	ERTIFICAT	E OF DEATH	negistered r	0,
BI	RTH NO.					
1.	NAME OF DECEASED				2. DATE	
T)	ype or Print)		Jones		DEATH ATTO	T 1050
3	PLACE OF DEATH:	n _	Fottes	4. USUAL RESIDENCE		institution: residence
	Baltimore City, Maryland	Balto.	City	A. STATE	B. COUNTY	before admission)
		spital or institution.	give street address or	Maryland		
H	OSPITAL OR		location)		f outside corporate lim t	s, write RURAL and give
17	ISTITUTION			70	- b	township)
0	6 Nort	1 Durham "	treet	Baltimore		
			Yrs.	D. STREET ADDRESS (If	rural, give location)	
-	Length of stay in Baltimor	, 70 Y.	Mos.	C Nonth Da	- Standard	
	SEX 6. COLOR OR RA		Days	8. DATE OF BIRTH	rham Street	Under 1 Year   II Under 24 Hours
5.	SEX 6. COLOR OF RA	WIDOWED	DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) Mo	nths: Days Hours: Min.
	Female Col.	Wide	YW	Nov. 16. 1891	58	
10	A. USUAL OCCUPATION (Giveki		BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
worl	done during most of working life, even if ret		INDUSTRY			WHAT COUNTRY
	Housewife	At Hon	ne	Cambridge	Md	U.S.A.
13	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
	D 3 4 0			C -1 D		
-		118h		Sarah Ban	K8	
15 /V	. WAS DECEASED EVER IN U.S. AF e, no or unknown) (If yes, give war or	MED FORCES? 10	SECURITY NO.	17. INFORMANT	A	DDRESS
1,70	No	duces of service)	SECURIT NO.	Estella Jone	g 6 4 Durh	am St
-	210			DE COLTY OFFICE	e o • Dull	
	18. 420.0.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	ON DIRECTLY	1			
	LEADING TO I	EATH	(ARO	Nam INSUS	Chrisa C	2 6005
	(This does not mean the mo heart failure, asthenia, etc. It	de of dying, e.g.,	(A) L.V.	Nary LNSVA	7	1 1/60.
	injury or complication whi		DUE TO			0.011
			2 1	,	- /	
_	ANTECEDENT C	AUSES	Hate.	io selevatic	H + 1):	
2	DISEASES OR CONDITION	6 .=	(B)	15 5 6 /4 4 5 /	15901 01350	
ΗĔ	RISE TO THE ABOVE CAUSE		DUE TO			
X	UNDERLYING CONDITION	LAST.				
RTIFICATION						
1	11		(C)			
7	OTHER SIGNIFICANT CO	NDITIONS CON-				
Ш	TRIBUTING TO THE DEATH.	BUT NOT RELATED				
10	TO THE DISEASE OR CONDI					20. AUTOPSY?
	19A. DATE OF OPERATION	198, MAJOR FI	NDINGS OF OPER	RATION		
1						YES NO
EDICA	21A. ACCIDENT, SUICIDE.		OF INJURY (e. g.,		If in Baltimore City,	give exact location)
	HOMICIDE (Specify)	about home, tarm	, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ					W OCCUPA	
	21D. TIME (Month) (Day) (YOF INJURY	ear) (Hour) 21E	. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
1	OF INJURY		E AT NOT WHILE			
		m.   wo	RK AT WORK	7/	21	_
	22. I hereby certify that I	attended the de	ceased from	1/2 9 1950, to	8//, 195	Pthat I last saw th
	deceased alive on 7/2	9 1950 am	d that death occu	fred at 1 - 1. m. from	the causes and on t	he date stated above
	23A-SIGNATURE	, 10,	4	23B. ADDRESS		23c. DATE SIGNED
	1	M.	1_	1 / /	-11/	8/4/00
	Jo. Innlan	X/1an/	M. D.	601 N. Carr		or county)/ (State)
2	4A. BURIAL, CREMA- 24B. DA'	Z40	. NAME OF CEMETE	ERY OR CREMATORY 24D. I	OCATION (City, town	or county)/ (State)
11	Burial 8/5	/I950 N	At Calvery	Cem. Bro	oklyn Md	
-		AR'S SIGNATURE		250 FUNERAL DIRECTOR	O 22-4-4 12 212-04	ADDRESS
	COLL DECICEDID	# . (3 / / / a	4 . 45	All Maria I. I.		the in
1	1116 3 - 1950 kuntu	ator Millias	HER I VIEW	Choy D, WH	201 1001 131	sully ary

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	7	25			New	100				
11   e	75 B	0 670 RTH NO.	53				ALTH DEPARTMENT	Registered		6763
The	1.	NAME OF D	ECEASED					2. DATE		
ed.	(T	ype or Print)	Ie	abell		Hud	son	DEATHA 110	_T_T95	0
ilde	3. A.	PLACE OF D Baltimore (	Eath: City, Maryland P		ty		4. USUAL RESIDENCE			: residence ore admission)
lly supplied.	B. HO	FULL NAME DSPITAL OR STITUTION		ital or instituti	on, give street add	ress or	Maryland c. CITY OR TOWN	If outside corporate lin	nits, write RU	
	1	10	1722 Eas	t Eager	Street		Baltimore (	Hitve Stale	-04	township
egiory						Yrs. Mos.	D. STREET ADDRESS ()	f rural, give location)		
			tay in Baltimore	2 Yre		Days	1722 East	Eager Stre	et	T W 04-4- 94 H
d b and	5.	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED	(Specify)	8. DATE OF BIRTH	last birthday)	Months Days	Hours Min.
ly	F	emale	COL CUPATION (Givekinde		dow	0.0	Sept. 19. 1897	52	140 61717	EN 65
sh		done during most	of working life, even if retired	1)		JSTRY			12. CITIZ WHA	T COUNTRY
ion el	13	House.		At H	ome		Fairfield  14. MOTHER'S MAIDEN		U.S.	A
nat	10	-				774				
orr	15		muel Joh	neon	16. SOCIAL			Jane Johns		
inf s of	(Ye	NO or unknown)	(If yes, give war or da	tes of service)	SECURITY	NO.	17. INFORMANT	- Impo ti m	ADDRESS	
Every item of information should be write the causes of death clearly and	-	1		1			Samuel Johnson	n = 122 E.E		VAL BETWEEN
ea		18. /2	/ X 1	MICHIGAN.	CA	USE	OF DEATH			AND DEATH
y it	DISÉASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)									448
te		heart faile	re, asthenia, etc. It me	eans the disease	,			. *************************************		
Ever		injury or	complication which	caused death.	) DUE TO	0		0 .		
K.	7		ANTECEDENT CAL	JSES	(E)	(3	par emos	al uteros	208 19	148
INK.	TIOIT	RISE TO	S OR CONDITIONS.	) STATING TH	G	2	Ju air	melagi	W415	
UNFADING Physicians:	ICA	UNDERL	YING CONDITION	LAST.						
'AL icia	RTIFIC		11		(C)					
NF	Ш	TRIBUTIN	SIGNIFICANT CONI	T NOT RELATE	D					
	C		OF OPERATION		FINDINGS OF	OPER	ATION		20.	AUTOPSY?
WITH rtant.	AL								YES	No [
LY, WITH	EDICAL	21A. ACCIDI HOMICIDE	ENT, SUICIDE. (Specify)		CE OF INJURY irm,factory,atreet,off			(If in Baltimore City	, give exact	location)
GE	Σ		(Month) (Day) (Yea	r) (Hour)	TE. INJURY OC	CURRI	D 21F. HOW DID INJU	RY OCCUR?		
OF INJURY  MHILE AT NOT WHILE  MORK AT WORK										
PL		22. I hereb	y certify that I a	ttended the		July -	9 1948 to	luc 1 . 19	50 that I	last saw th
odsa		deceased a	live of C 20	1956	and that death	occur		he causes and on		
PLEASE WRI		23A. SIGNA		1773		2	3B. ADDRESS	D 8+		TE SIGNED
E V	2.	4A. BURIAL.	CREMA- 248. DATE	30 22	4c. NAME of C	D.   EMETE	RY OR CREMATORY   24D.	LOCATION (City, tow	n, or county)	
ASI et	TI	ON REMOVAL (S	Specify) 8/5/I9	50	Red Hill	Can	n. Wo	odward S.C		
LE	D.	ATE RECEIVE	D BY   REGISTRAL	R'S SIGNATU			250 JUNERAL DIRECTOR		ADDRES	S
E00	7	CAL BEGIST	350 H	inter!	Mieury	Įsp.	Thoy o Wi	loog 1000	Brown	they ar
		VS 150		4					- 11 -1	



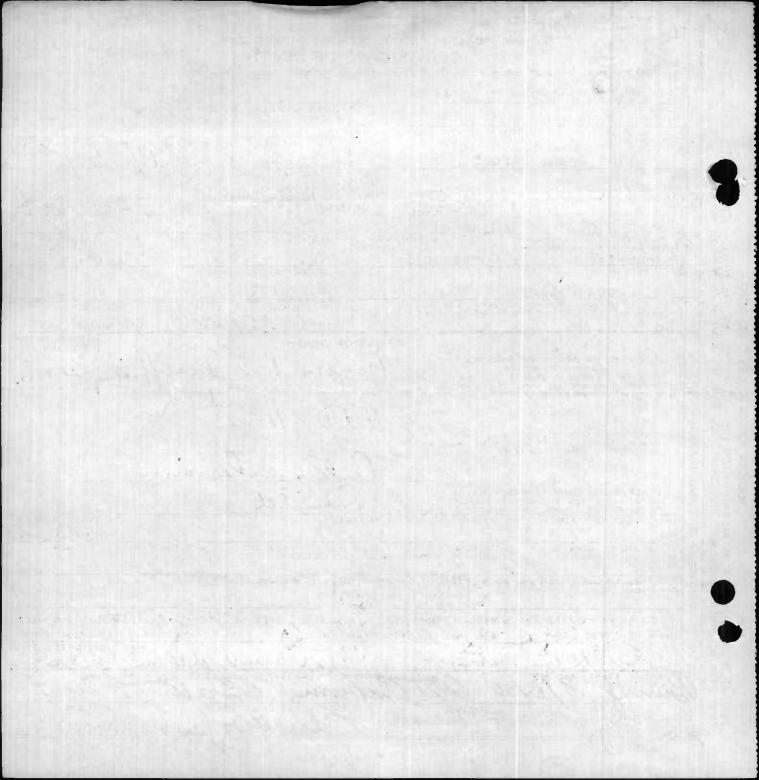
MARGIN RESERVED FOR BINDING

# BALTIMORE CITY HEALTH DEPARTMENT

6764 50

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)	TO A TIT 175Z		2. DATE OF 0 /2 /2 0	E0
JOSEPH 3. PLACE OF DEATH:	BAILEY	II 4 USUAL RESIDENCE	DEATH8/1/19 (Where deceased lived, If ins	
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission
B. FULL NAME OF (If not in hospit HOSPITAL OR	tal or institution, give street address or location		If outside somethode limbs	TOTAL TOTAL AND A STATE OF THE
INSTITUTION		C. CITT OR TOWN	If outside corporate limits, v	townshi
1703 Brunt S	Yrs.	Baltimore o. STREET ADDRESS (1	If rural give location)	
c. Length of stay in Baltimore	Mos.			
SEX 6.COLOR OR RACE	50vrs Days 7. SINGLE, MARRIED,	1703 Brunt		der 1 Year   II Upder 24 Hou
	WIDOWED, DIVORCED (Specify		last birthday) Month	hs Days Hours Min
OA. USUAL OCCUPATION (Give kied of	Widowed 1 108. KIND OF BUSINESS OR	3/18/1880 11. BIRTHPLACE (State or	foreign country)   12	2. CITIZEN OF
rk done during most of working life, even if retired	INDUSTRY	r		WHAT COUNTRY
Hodcarrier 3. FATHER'S NAME	Construction	Va.		.S.A.
			NAME.	
James Bailey 5. WAS DECEASED EVER IN U. S. ARME	D FORCES?   16. SOCIAL	Margaret		
(If yes, give war or date	se of service) SECURITY NO.	17. INFORMANT		DRESS
No No		BessieE.Wingi	LeId(D)1346 N	orth Ave
(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE OISEASE OR CONDITION 19A. DATE OF OPERATION	ans the disease, caused death.) OUE TO SES  IF ANY, GIVING DUE TO AST.  (C)	+ Dof Hear Item rela	Jusis.	20. AUTOPSY?
J ISA. BATE OF OPERATION O	ISB. MAJOR FINDINGS OF OPE	RATION		YES NO
21a. ACCIDENT, SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City, give	1
210.TIME (Month) (Day) (Year OF INJURY	) (Hour) 21E. INJURY OCCURF  WHILE AT NOT WHILE  MORK AT WORK		RY OCCUR?	
22. I hereby certify that I at deceased alive on Cuy	tended the deceased from		the earses and on the	
23A. SIGNATURE	Petro, M.O.	238. ADDRESS	the au	8-3 37
REMOVAL (STATETY) 8/5/	50 In Cur	rum -	LOCATION (City, town, or	and
DATE RECEIVED BY REGISTRAR	44 44	25. FUNERAL DIRECTOR		DDRESS
MIG 3 - 1950-	A 1 1000 000 111 000	Tras 460	Trent 512 N.C	Carrollton
	A STATE OF THE PARTY OF THE		1/	^ \

VS 150



	100						
ВІ	65445 RTH NO.	140285			EALTH DEPARTMENT E OF DEATH	Registered	50 6765
	NAME OF bype or Print)		Weibe			OF Augu	st 1, 1950
А.	FULL NAME	City, Maryland		give street address or location)	A. USUAL RESIDENCE (VA. STATE  Maryland  C. CITY OR TOWN (I	B. COUNTY	ts write RURAL and girtownship
5.	Length of	4940 Eastern Astay in Baltimore	60 7. SINGLE, M	Yrs. Mos. Days  ARRIED.  DIVORCED (Specify)	1818 N. Bethe	9. AGE (in years last birthday) M	If Under I Year   If Under 24 Hou onths: Days   Hours: Mir
Work	done during mos	White CCUPATION (Give kind of tof working life, even if retired) er- retired NAME August Weibe	Marrie	ed.  BUSINESS OR  INDUSTRY	Mar. 22, 1884  11. BIRTHPLACE (State or f  Germany  14. MOTHER'S MAIDEN N  Louisa Bomber	IAME	12. CITIZEN OF WHAT COUNTRY
15 (Yes	. WAS DECEAS	SED EVER IN U. S. ARMED	of service)	SECURITY NO.	17. INFORMANT Records: B. C. H	A	ADDRESS
	DISEA (This doe heart fail	SE OR CONDITION LEADING TO DEAT so not mean the mode or ure, asthenia, etc. It mean complication which co	DIRECTLY TH f dying, e.g., ns the disease,	CAUSE	OF DEATH O Pneumonia	7,10	INTERVAL BETWEE
CATION	ANTECEDENT CAUSES  (B)						
CERTIFI	TRIBUTIN TO THE I	II SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED CAUSING IT.		erotic Heart Dis	ease .	
DICAL	21A. ACCI	DENT WAS UNDER-	21B. PLACE	OF INJURY (e. g., i	or 21c. WHERE DID (	If in Baltimore City,	20. AUTOPSY? YES NO 2 give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E, INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

WHILE AT NOT WHILE

23A. SIGNATURE

22. I hereby certify that I attended the deceased from August 1

, 1950, to August 1 \_, 19\_50 that I last saw the deceased alive on August 1, 19 50, and that death occurred at 10:20Pm., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24B. DATE

M. D. 1010 Eastern Avenue Augus
24c. NAME OF CEMETERY OR CREMATORY 24c. LOCATION (City, town, or county)

August 2, 195

buria]

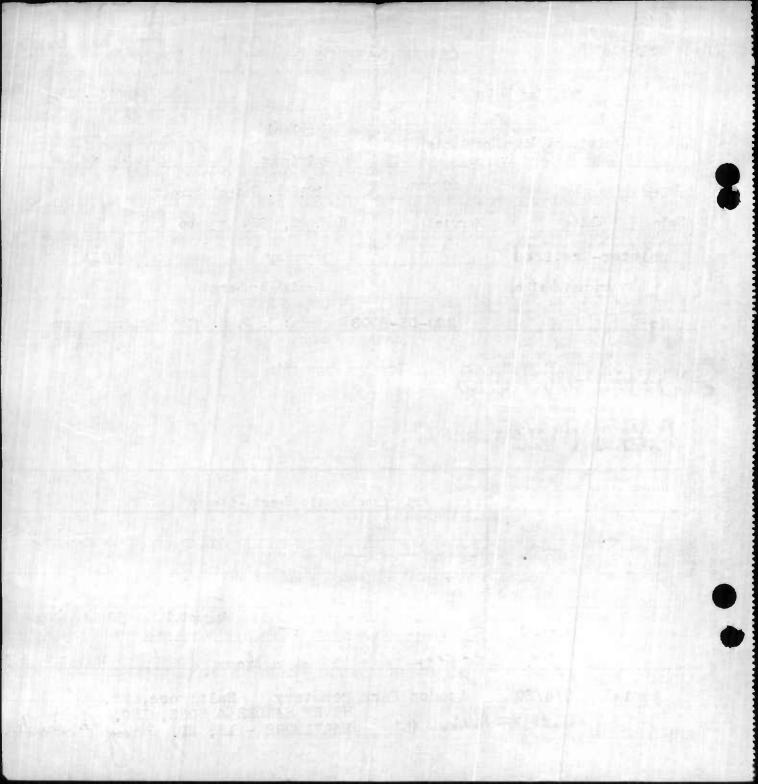
Loudon Park cemetery

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

SIGNATURE

Gemetery Baltimore, Md. ADDRESS HENRY SANDER & SONS, INC.



14520					
50, 6766	3		EALTH DEPARTMENTE OF DEATH	r Registered	50 6766
1. NAME OF DECEAS (Type or Print)	The Man	14 A Jon	100/	2. DATE OF DEATH 8/6	3/50
3. PLACE OF DEATH:  A. Baltimore City, M.  B. FULL NAME OF	- MANAGE K	Section of Gozdand	4. USUAL RESIDENCE		f institution : residence before admission
HOSPITAL OR INSTITUTION	land Il.	bon 1/		If outside corporate lim	ts, write RURAL and giv
2. Length of stay in	Baltimore -	Life Yrs. Mos. Days	1 21/2/11/	If rural, give location)	11-
5. SEX 6. COL	OR OR RACE 7. SIN		8. DATE OF BIRTH	9. AGE (In years	Munder   Year   H Under 24 Hours   Min
Work done during most of working	ION (Give kind of 10B. K	IND OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	W		14. MOTHER'S MADEN	NAME	
Yes, no or unknown) (If ye	IN U. S. ARMED FORCE: s, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	1/ 2/22/	Ball
(This does not me heart failure, asthe injury or complic	CONDITION DIRECT NG TO DEATH an the mode of dying, riia, etc. It means the di ation which caused d	e. g., (A)	arossise	workye	INTERVAL BETWEEN
RISE TO THE ABOUNDERLYING C	DNDITIONS, IF ANY, G VE CAUSE (A) STATING ONDITION LAST.	IVING G THE DUE TO (C)		J	
TRIBUTING TO TH	E DEATH, BUT NOT REI	LATED	RATION		20. AUTOPSY?
21A. ACCIDENT W	AS UNDER-   218.	PLACE OF INJURY (e. g., ome, farm, factory, street, office bldg.	in or   21C. WHERE DID	(If in Baltimore City,	YES NO
LYING OR CONT CAUSE OF DEATH 21D. TIME (Month) OF INJURY	(Day) (Year) (Hour)	21E. INJURY OCCURE  WHILE AT NOT WHILE AT WORK AT WORK	RED 21F, HOW DID INJU	RY OCCUR?	
deceased alive on	fy that I attended	the deceased from	rred at m., from 23B. ADDRESS / 823 M. W	/	that I last saw the date stated above 23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR	8/4/50.	24C NAME OF CEMETA  OCILION CA  ATURE		LOCATION (City, town	
NG 4 - 1950 H	O O		Jones Jones Vo	m 40/200	\$3a

The state of the s The state of the s The second of the second The state of the s consequences of the second sec in their in which 10 Ballon a May no The state of the s 3 - 3 - 10 - 10 - 10 - 2 -1500 The second of th HI THE STANDARD WAS A PROPERTY OF STANDARD TO SECURE AND A STANDARD OF THE STA

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No

2-5	H 72 676
. The	BIRTH NO.  1. NAME O (Type or Pri
upplied	3. PLAGE C

Alexander

2. DATE

August 1, 1950

F DEATH:

ZALISKY

DEATH

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

re City, Maryland

DECEASED

A. STATE

Vrs. Mos. Pennsylvania

before admission)

(If not in hospital or institution, give street address or

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give

B. COUNTY

INSTITUTION

Baltimore City Hospital

Philadelphia

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Days 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)

2415 Marshall St. 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. 8. DATE OF BIRTH

Male

ING-1 White 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF

WHAT COUNTRY?

1-11/13/4 1: 13. FATHER'S NAME

MOTHER'S MAIDEN NAME

WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) (Yes, mo or unknown)

16. SOCIAL SECURITY NO

18.

information s of death cle

causes

UNFADING Physicians: p

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PLEASE WI

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RESERVED

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF Asphyxia due to hanging NTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

DUE TO

(C) ....

21c. WHERE DID

INJURY OCCURT

20. AUTOPSY YES

19A. DATE OF OPERATION

198, MAJOR FINDINGS OF OPERATION

(If in Baltimore City, give exact location)

21A. EXTERNAL CAUSE WAS UNDERLYING DE CONTRIB. UTING | CAUSE OF DEATH.

218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) Wire fence belonging

to Brooks Transfer Co., N. side of Gough 21F. HOW DID INJURY OCCUR? Hanged Self with belt from wire fence

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Aug. 1. 1950 6: 40 pm.

AT WORK

22. I certify that I took charge of the remains described above, held an

WORK

Inspection & Inq. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes □, accident □, suicide ☒, homicide □, undetermined □.

23B, CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER ....

23c. DATE SIGNED

23A. ŞIGNATURE

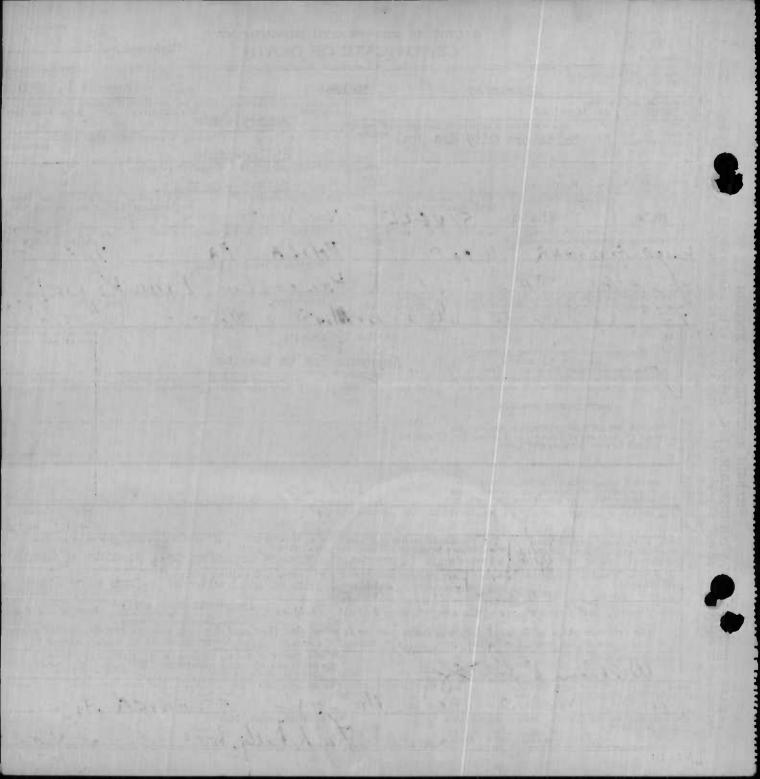
MEDICAL INVESTIGATOR NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL\_REGISTRAR

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

REGISTRAR'S

FUNERAL DIRECTOR



VS 150

BALTIMORE	CITY	HEAL	TH.	DEPARTMENT
CERTI	FICA	TE (	OF	DEATH

location

Yrs. Mos.

Days

INDUSTR

(C) .

STATE

Maryland

C. CITY OR TOWN

17. INFORMANT

74799

CAUSE OF DEATH

Kwles

Registered No. 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived in institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If Turning two location) Avenue, years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min State or foreign country) 12. CITIZEN OF WHAT COUNT ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? , 1950, that I last saw the 1950, and that death occurred at 3:00 am., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

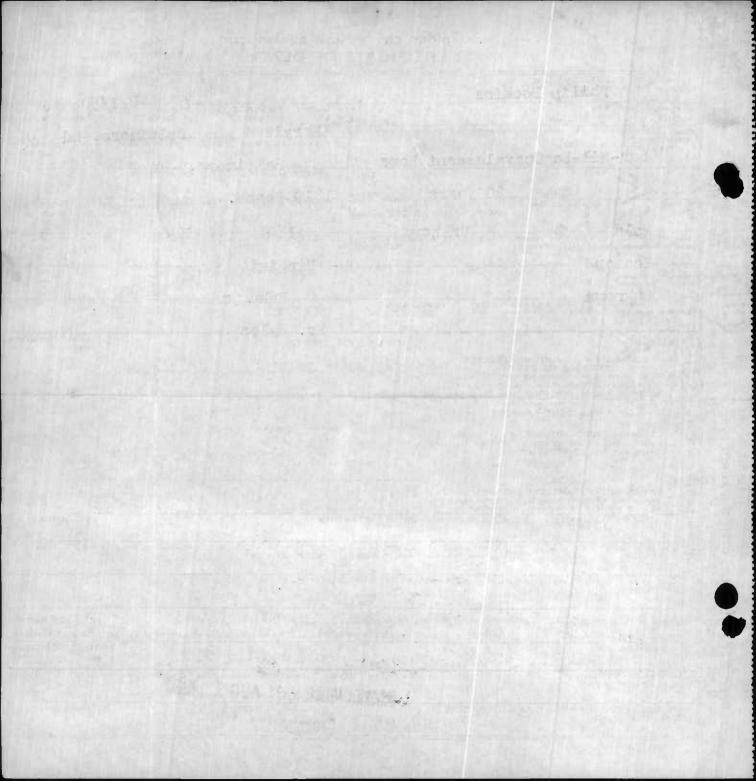
23B. ADDRESS

21c. WHERE DID

INJURY OCCUR?

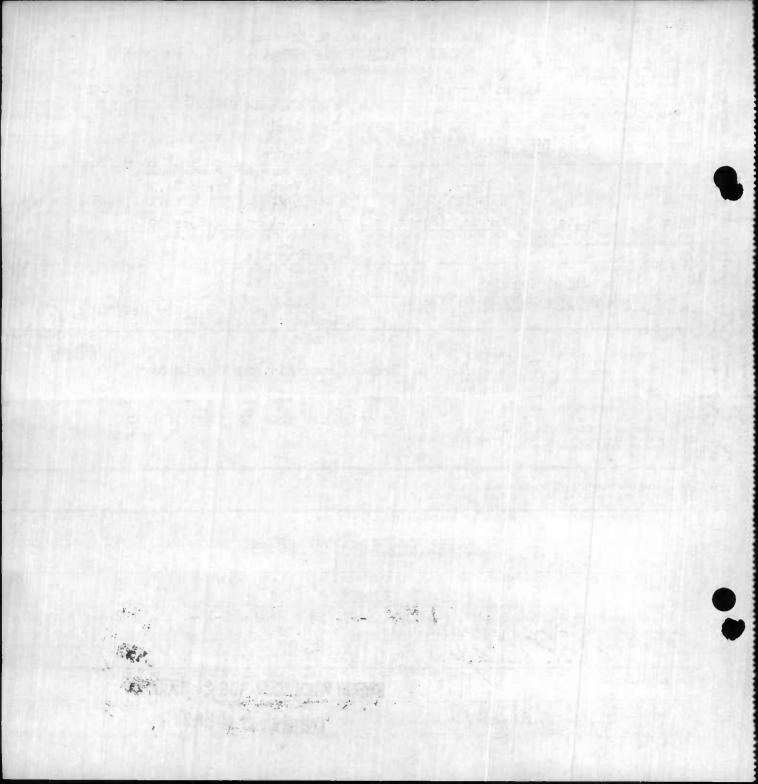
, 1950, to\_

ADDRESS



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0_	629	6789	BAI		EALTH DEPARTMENT E OF DEATH	Registered'N	0 6769
	BIRTH NO.	V 14 8 12 12					
	Type or Print)		bert Par	rish		OF DEATH 7-1	8-50
	Baltimore C	City, Maryland			4. USUAL RESIDENCE (		institution : residence before admission
	S. FULL NAME			ion, give street address or			
	NSTITUTION	Baltimore 4940 Eas	e City H tern Ave	ospitals location)	c. CITY OR TOWN (I Baltimore	If outside corporate limit	s, write RURAL and give township
1	2 8			Yrs.	D. STREET ADDRESS (I	f rural, give location)	
0	. Length of st	tay in Baltimore	23yr	S. Mos.	611 West Balti	more St.	
	S. SEX	6. COLOR DR RACI	E 7. SINGLI	E, MARRIED,	8. DATE OF BHRTHE	9. AGE (In years)	Under F Year   If Under 24 Hours
M	ia.le	White		d (Separated)	Feb. 22-1888	last birthday) Mo	nths Days Hours Min.
		CUPATION (Give kind f working life, even if retire		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
		. WOLKING HITO, O'VOL IL L'ELISO		INDOSTRI	Massachusetts		WHAT COUNTRY
1	3. FATHER'S N	IAME			14. MOTHER'S MAIDEN N	NAME	
		Sidney Pa			Fannie Bento	n	V
(Y	5. WAS DECEASE	D EVER IN U. S. ARM (If yes, give war or da	ED FORCES? tee of service)	SECURITY NO.	Records: 4940	ore City Hosp	PUZES
	18. 4	20,0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION					DASE! AND DEATH
	(This does not mean the mode of dying, e.g., (A) Brone			nonnuemonia, organ	ism unknown		
	heart failui	re, asthonia, etc. It me complication which					
		ANTECEDENT CAL	ISES				
Z		ANTEGEDENT CA	7323	Hyper	tensive arteriosc	lerotic heart	38/7/
10	DISEASES	OR CONDITIONS.		ve nico			
\ \ \ \	UNDERLY	ING CONDITION		(C)			
10				(0)		***************************************	· · · · · · · · · · · · · · · · · · ·
RTIFICATION	OTUEP S	II IGNIFICANT CONI	DITIONS on				
, п	TRIBUTING	TO THE DEATH, BUT	T NOT RELATE	ED .			
U		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
A		O	135. 11/1301	FINDINGS OF OPE	ATION		YES ND X
EDIC	21A. ACCID	ENT WAS UNDER-		ACE OF INJURY (e. g.,	a or   21C. WHERE DID	(If in Baltimore City, g	0.0
MED		CONTRIBUTING	about home,	farm, factory, etreet, office bldg.,	otc.) INJURY OCCUR?		
12	21D. TIME (	Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	2 5444 544
	OF INSURT		m.	WHILE AT NOT WHILE			
	22 I hamaha	a contifer that I a			27- , 1947, to 7	18 10 5	0.17
	deceased al	. 17 7 53	ttenaea the	aeeeasea jrom U=2	rred at 4.30AM., from	17	Y that I last saw th
	23A. SIGNAT		, 13		38. ADDRESS	the eauses and on the	23c. DATE SIGNED
		C. C.	169	iere M.D.	1940 Eastern Ave.		230. DATE SIGNED
7 T	24A. BURIAL, C	REMA- 248. DATE pecify)		24c. NAME OF CEMETE		LOCATION (City, town,	or county) (State)
-	DATE RECEIVE	D BY   BECIETE	DIS SIGNATI	SAIL SAIL	STY MEDICAL SCHOOL AUG	1 6 1309	ADDRESS
	OCAL REGISTI	DAD	R'S SIGNATI	Villianus, M.P.	25. FUNERAL DIRECTOR	Health ·	ADDRESS
-	AUG 4-	950		1119	Charter Athral A	Evalue.	
	VS 150		4.0	4 1/2			927
11							12)
					Annual Control of the		



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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	Cm 10
Registered	No	0170

1. NAME OF DECEASED (Type or Print)  Sam Bounds			2. DATE OF July 1	1, 1950		
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or ins	stitution, give street address or	Maryland				
HOSPITAL OFBaltimore City Hos	pitals location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
2 4940 Eastern Avenu	le	Baltimore Z				
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore	Infirmary - No - Howe					
	NGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years) If Under			
	DOWED, DIVORCED (Specify)	last birthday) Months: Days Hours Min.				
	Single KIND OF BUSINESS OR	June 15, 1880 11. BIRTHPLACE (State or fo	reign country)   12	CITIZEN OF		
ork done during most of working life, even if retired)	INDUSTRY			WHAT COUNTRY		
		Maryland				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Samuel James Boun	ds (D)	Rachel Hawl	(D)			
15. WAS DECEASED EVER IN U. S. ARMED FORCE	S?   16. SOCIAL		· - /	FSS		
Yes, no or unknown) (If yes, give war or dates of services)	SECURITY NO.	Records: 4940 Eastern Avenue				
			tern Avenue	INTERVAL BETWEEN		
18. 002 X I		OF DEATH		ONSET AND DEATH		
DISEASE OR CONDITION DIREC	TLY					
(This does not mean the mode of dying	e. g., (A) PUIM	ona ry Tubercu	Osis			
heart failure, asthonia, etc. It means the dinjury or complication which caused						
	302.10					
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY,	(B)	•	••••••			
RISE TO THE ABOVE CAUSE (A) STATIN						
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST,	(C)	***************************************	***************************************			
OTHER SIGNIFICANT CONDITIONS	CON.					
TRIBUTING TO THE DEATH, BUT NOT RE	ELATED					
19A. DATE OF OPERATION   19B. MA		PATION		00 411700043		
0	JOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
	DI ACE OF INTURY (	- Late Willens Old (I	t in Dalaina Cia	YES NO L		
21A. ACCIDENT WAS UNDER- 21B	. PLACE OF INJURY (e. g., home, farm, factory, street, office bidg.,		f in Baltimore City, give			
CALISE OF DEATH				exact location)		
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	RED 21F. HOW DID INJURY	OCCUR?	exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	WHILE AT NOT WHILE		OCCUR?	exact location)		
21b. TIME (Month) (Day) (Year) (Hour) OF INJURY	m. WHILE AT NOT WHILE					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended	m. WHILE AT NOT WHILE AT WORK the deceased from Dec	. 24 , 1943, to J	uly 11 , 19 50h	at I last saw the		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	m. WHILE AT NOT WHILE AT WORK the deceased from Dec	. 24 , 1943, to J	uly 11 , 19 50h	at I last saw th		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended	m. while at not while at work the deceased from Dec. 50. and that death occu	24 , 1943, to J rred at 2:56A m., from the	uly 11, 19 50h are causes and on the d	at I last saw the ate stated above		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended decased alive on July 11, 19	m. while at not while at work the deceased from Dec. 50. and that death occu	24 , 1943, to J rred at 2:56A m., from the	uly 11, 19 50h are causes and on the d	at I last saw the		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended decased alive on July 11, 19 23A. SIGNATURE	m. while at not while at work the deceased from Dec. 50. and that death occu	. 24 , 1943, to J rred at 2:56A m., from the case ADDRESS 4940 Eastern Avenue	uly 11, 19 50h the causes and on the d the causes and on the d TOCATION (City, town, or co	at I last saw the ate stated above. BC. DATE SIGNED -19-50		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended decased alive on July 11, 19 23A. SIGNATURE	m. while at Not while at work  the deceased from Dec  50. and that death occu	. 24 , 1943, to J rred at 2:56A m., from the case ADDRESS 4940 Eastern Avenue	uly 11 , 19 50h the causes and on the d 22 7	at I last saw the ate stated above BC. DATE SIGNED -19-50		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended deccased alive on July 11 , 19 23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE DATE RECEIVED BY   REGISTRAR'S SIGNATURE	the deceased from Dec.  30. and that death occur  24c. NAME of CEMETE	. 24 , 1943, to J rred at 2:56A m., from the 23B. ADDRESS 4940 Eastern Avenue ERSTY MEDICAL SCHOOL JUI	uly 11 , 19 50h he causes and on the d e   7 DOCATION (City, town, or ca	at I last saw that ate stated above BC. DATE SIGNED		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby eertify that I attended deecased alive on July 11, 19 23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)  PATE RECEIVED BY REGISTRAR'S SIGN	the deceased from Dec.  30. and that death occu  24c. NAME OF CEMETE	. 24 , 1943, to J rred at 2:56A m., from the case ADDRESS 4940 Eastern Avenue	uly 11 , 19 50h he causes and on the d e   7 DOCATION (City, town, or ca	at I last saw the ate stated above account SIGNED (State)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby eertify that I attended deecased alive on July 11 , 19 23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNACE.	the deceased from Dec.  30. and that death occur  24c. NAME of CEMETE	. 24 , 1943, to J rred at 2:56A m., from the 23B. ADDRESS 4940 Eastern Avenue ERSTY MEDICAL SCHOOL JUI	uly 11 , 19 50h he causes and on the d e   7 DOCATION (City, town, or ca	at I last saw the ate stated above account SIGNED (State)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby eertify that I attended deecased alive on July 11 , 19 23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNACE.	the deceased from Dec.  30. and that death occu  24c. NAME OF CEMETE	. 24 , 1943, to J rred at 2:56A m., from the 23B. ADDRESS 4940 Eastern Avenue ERSTY MEDICAL SCHOOL JUI	uly 11 , 19 50h he causes and on the decauses and control (City, town, or call 2 8 1950	at I last saw the ate stated above BC. DATE SIGNED 19-50 ounty) (State)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended deecased alive on July 11 , 19 23A. SIGNATURE  24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)  DATE RECEIVED BY REGISTRAR'S SIGNATURE	the deceased from Dec.  30. and that death occu  24c. NAME OF CEMETE	. 24 , 1943, to J rred at 2:56A m., from the 23B. ADDRESS 4940 Eastern Avenue ERSTY MEDICAL SCHOOL JUI	uly 11 , 19 50h he causes and on the decauses and control (City, town, or call 2 8 1950	at I last saw the ate stated above.  BC. DATE SIGNED -19-50  ounty) (State)		

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PLEASE

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Stanley Habersky (Type or Print) OF July 19, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STAT Maryland B. COUNTY B. FULL NAME OF Baffinet in hospital or institution, give street address or HOSPITAL OR INSTITUTION 4940 Eastern Avenue c. CITY OR TOWN (III (If outside corporate fimits, write KURAL and give township D. STREET ADDRESS (If rural, give location) Yrs. Life Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. Male ? White 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Maryland WHAT COUNTRY? 13. FATHER'S NAME John Habersky 14. MOTHER'S MAIDEN NAME Frances 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL RaltimoreGityA Tontitals (Yee, no or unknown) SECURITY NO 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Gastrie Bleeding heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Gastric Carcinoma FICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RH 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш Ü TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO DICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from June 1950 to July 19, 1950 that I last saw the 28 July 190 50 and that death occurred at 5:30 AM from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE TION, REMOVAL (Specify

> REGISTRAR'S SIGNATURE rentinator Millianis, M

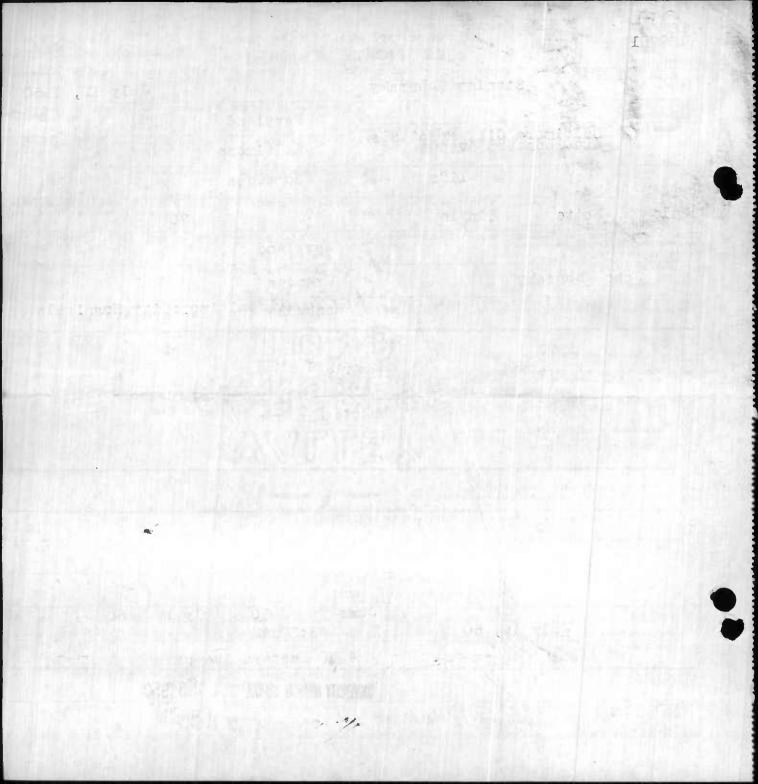
25. FUNERAL DIRECTOR

ADDRESS

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR



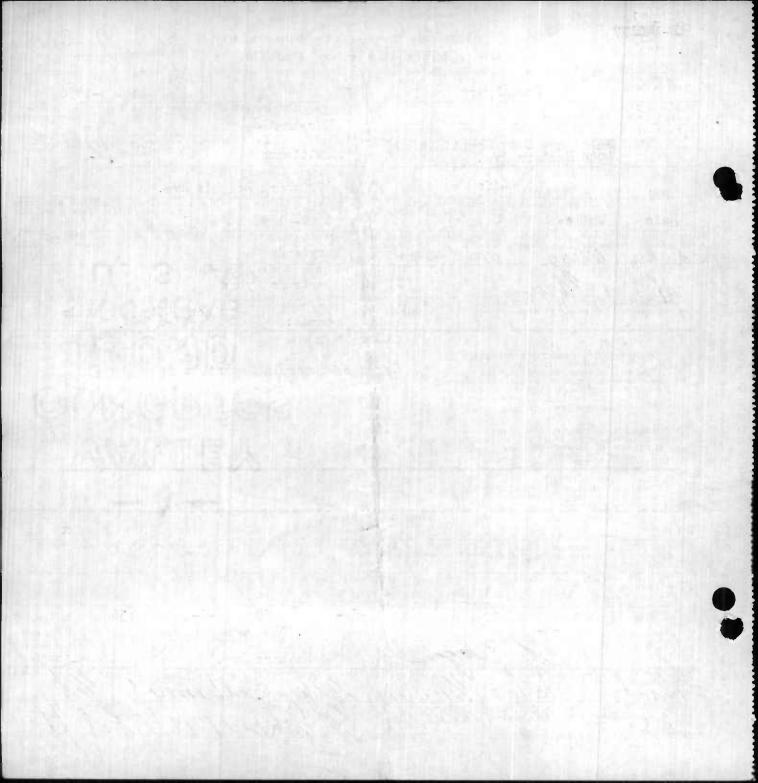
16	2 10	50	6772
	50 6772 CERTIFICATI	EALTH DEPARTMENT  FOF DEATH  Registered No	
-	IRTH NO. 370 - / 0 4 / /	L OI BEATTI	
	Type or Print) Baby girl Brooks	2. DATE OF 7-3	0-50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence before admission
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR		
11	USTITUTION Gospital for Women of Marylan	Baltimore 9 2	write RURAL and giv
C	Yrs. Mos. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location) 1703 Sulgrave	tre.
	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. White White Jingle	8. DATE OF BIRTH 9. AGE (In years last birthday) Mont	der I Year H Under 24 Hours hs Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  108. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY
1:	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	US IT
	Charles Martin Brooks	Patricia Whiteford	
1. (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT ADS	RESSO3 Sul.
	No none	Mother Mrs C.M. Brooks	grave av
	18. 7 J/X	OF DEATH	INTERVAL BETWEE
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	b.f.	congenit
	(This does not mean the mode of dying, e.g., (A)	na VIIIaa	abnorm
	injury or complication which caused death.) DUE TO	the meningocoele	lity
7	ANTECEDENT CAUSES	0	
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,		
RTIFICA	(C)		
Ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
U	19a, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
CAI		Lace William Clark	YES NO L
MEDIC	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		e exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE		
	m.   work   AT WORK		
	22. I hereby certify that I attended the deceased from 7-		
	The state of the s		23c. DATE SIGNED
	John 12 losser M.D. H	osp. for Women of Ma,	7-30-50
2 T	4A. BURIM., CREMA- ON, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RSTY MEDICAL SCHOOL JUL 3 1 1950	county) (State)
C	ATE RECEIVED BY REGISTRAR'S SIGNATURE	TOTAL TOTAL	ADDRESS
	OCAL REGISTRAR Thuttugton Williams, Als	Commissioner of Figure	
17	Vs 150	•	11
1		1 1 1	1578

MARGIN RESERVED FOR BINDING

# BALTIMORE CITY HEALTH DEPARTMENT

50 6773

1. NAME OF DECEASED (Type or Print)  John Myers	the first of the part of the second	DATE
The same of the sa		OF Aug. 3-1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address	4. USUAL RESIDENCE (Where of A. STATE	leceased lived. If institution : residence в. COUNTY before admission
HOSPITAL OR Baltimore City Hospitals 4940 Eastern Ave.	Daltimore (If outside Baltimore)	e corporate limits, write RURAL and give township
c. Length of stay in Baltimore Life Mo	S. 1200 Pomis Hosebta	give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH 9. A	GE (In years   H Under I Year   H Under 24 Hours ast birthday)   Months Days   Hours Min.
NOA. USUAL OCCUPATION (Give kind of received)  Work done during most of working life, even if fetired)  All land (Manuel Companies)	11. BIRTHPLACE (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY
Morris Myre (D	14. MOTHER'S MAIDEN NAME Gertrude Myers	Face Military
15. WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, nn nr unknown) (If yes, sive war nr dates of service) SECURITY NO	17. INFORMANT Baltimor Records: 4940 Eas	e City Hospitals tern Ave.
DISEASE OR CONDITION DIRECTLY	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	ERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about hnme, farm, factory, afreet, nffice ble		Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU OF INJURY  m. WHILE AT NOT WH AT WORK	LE	CUR?
22. I hereby certify that I attended the deceased from 7.	-29- , 1950 , to 8-3-	, 19 <mark>50</mark> , that I last saw th uses and on the date stated above
23A. SIGNATURE (1.S. Cogen M.D.	4940 Eastern Ave.	23c. DATE SIGNED
DATE RECEIVED BY A REGISTER SIGNATURE	TERY OF CREMATORY 246. LOCAT	ADDRESS
All 4-1950 milliagton Villiams, 11	Markey 12	19 At Taul ST
Vs 150		

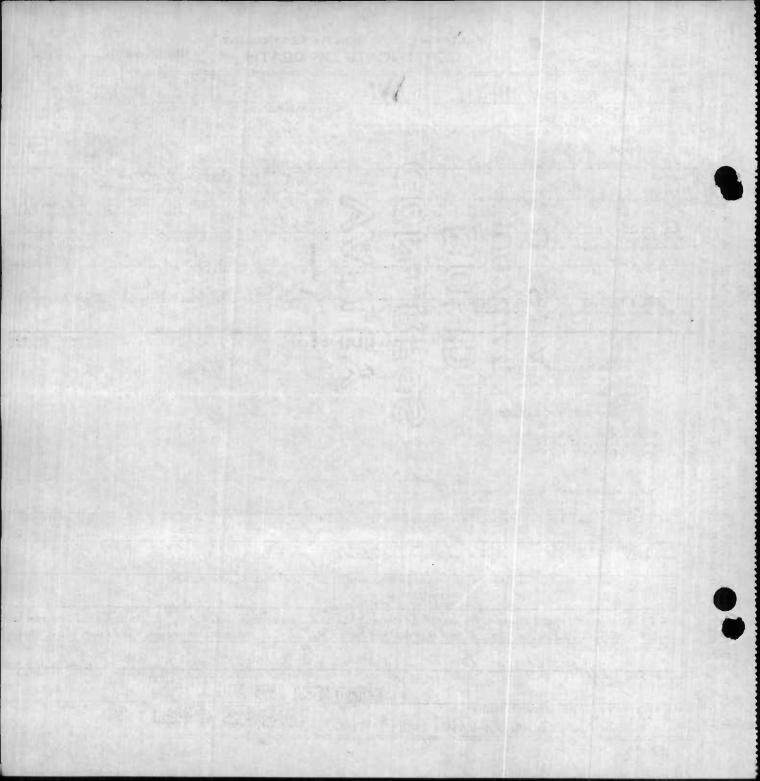


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	6774
Registered 1	No_	

BI	RTH NO 00 -/	9//3					
	NAME OF DECEA	ASED VELEN	MARIE	= BYRD		2. DATE OF DEATH 3/	uly 50
	PLACE OF DEATH Baltimore City,	Maryland			4. USUAL RESIDENCE	E (Where deceased lived.	institution: residence before admission)
В.	FULL NAME OF		al or institution	on, give street address o	i The.	Bell.	Alle
IN	Tolumber	1 danus	near Ho	skital 1	Ballin	(If outside corporate limits	s, write RU (AL and give township)
		0		2 You Meet	O. STREET MODRESS	Carla Extoca ST	218
- water-dame	Length of stay	on Baltimore	7. SINGLE.	Days MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   H Under 24 Hours
1	Fernale 1	stite	WIDOWE	ED, DIVORCED (Specify	" 29 hiles 50	last birthday) Mon	nths Days Hours Min.
10 work	A. USUAL OCCUP.	ATION (Give kind of	1 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	non	4	-		Maryl	and	0.5.
13	FATHER'S NAME	7	0		4. MOTHER'S MAIDE	NAME 9	7
15	. WAS DECEASED EV	ER IN U. S ARME	D FORCES?	16. SOCIAL	17. INFORMANT	ares seco	DDRESS
(Yei	, no or unknown) (1	f yes, give war or date	en of service)	SECURITY NO.			
	18. 754	4 4		CAUSE	OF DEATH		INTERVAL BETWEEN
		R CONDITION		-1	Alexander to	ale (Alu Bal)	at firth
	(This does not heart fullure, as	mean the mode sthenia, etc. It men plication which	of dying, e. g. ans the disease		or formers o		1
		ECEDENT CAU		, 552 10	ATTELL'S ETELL		
Z		CONDITIONS,		(B)			
RTIFICATION	RISE TO THE A	BOVE CAUSE (A)	STATING TH	E DUE TO			
FIC				(C)			
R		II IFICANT COND					
CE	TO THE DISEA	THE DEATH, BUT	V CAUSING IT				
AL	19A. DATE OF O	PERATION	19B, MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT, HOMICIDE (S	SUICIDE.	21B. PLAG	CE OF INJURY (e. g., rm, factory, street, office bldg	in or 21c. WHERE DID	(If in Baltimore City, g	ive exact location)
ME							
	21D. TIME (Mon OF INJURY	th) (Day) (Year	w	HILE AT NOT WHILE	E	URY OCCUR?	
	22 1 hough.			WORK AT WORK	Sily _1950, to	31 July 106	Othat I last saw the
				deceased from	1 1 4 //	om the causes and on th	I that I last saw the ne date stated above.
	23A. SIGNATURI		5.90		23B. ADDRESS	10.5421	23c. DATE SIGNED
24	4A. BURIAL, CREM ON, REMOVAL (Special	A- 24B. DATE	2	4c. NAME OF CEMET	ERY OR CREMATORY   24	D. LOCATION (City, tewa,	or county) (State)
Tie	ON, REMOVAL (Spedia	(y)		THE STATE OF THE S	ISTY MEDICAL SCHOOL A	UG 1 1950	
D.	ATE RECEIVED BY		'S SIGNATUI	4.1 4	25. FUNERAL DIRECT	OR A PROPERTY OF	ADDRESS
	106 4 - 1950	huitu	vator 140	Mianus, M.	, COMMENSAN	NE AN INCOMPA	
	VS 150		0	September 1	The second of		157F



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) EUNICE HARRIS Unice DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Maryland A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN INSTITUTION Baltimore University Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. 809 Pierce St. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Female Colored Single 10A. USUAL OCCUPATION (Give kind of clearly 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of workipg life, even if retired) INDUSTRY information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME enry Harri matilda. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN (Yes, no or unknown) SECURITY NO M no CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Glioblastoma multiforme Every if (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION ... April 13, 1950 Glioblastoma multiforme ILY, WITH important. 4 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or Ü 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB ā UTING | CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inspection & Ing. thereon and from especi Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident . suicide . homicide . undetermined . 153 23B. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE 98 MEDICAL INVESTIGATOR. a Z4A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

1208

Registered No. August 2, 1950 B. COUNTY before admission) (If outside corporate limits, write RURAL and give 9. AGE (In years It Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSYT (If in Baltimore City, give exact location)

ADDRESS



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PLEASE WR'

LOCAL REGISTRAN AUG 4 - 1950

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No.

BIRTH NO.	2 OF DEATH
1. NAME OF DECEASED (Type or Print) Terome Legum	2. DATE 0F DEATH 8/3/5 D
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	Many land
HOSPITAL OR INSTITUTION Sinai Hospital	C. CITY OR TOWN (II outside corporate maits, write RUKAL and give
	13 dltimore 15 T township
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 32 yrs Mos. Days	2208 Bladdish Au.
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED DIVORCED (Specify Married	8. DATE OF BIRTH  July 4,1893  9. AGE (ln years lift Under 1 Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12 CITIZEN OF
Foreman Louis Marrius Corp, Clothing Manife	Lithunia WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Earl Legum	Celia ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(If yes, no or nnknown) (If yes, give war or dates of service) 216-09-3339	Mrs Alice Legum 2208 Braddish Ave
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	es of Sternach c ustable post-op unacl sprocle-pulmoney
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
3 8/3/50 Clines at atom	rach o metusturi VES NO X
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., about home, farm, factofy street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby contifue that I attended the descreed from	10 to Aug 3 10 to that I had any th
deceased alive on Avy 3, 1950, and that death occu	erred at 4:42 m., from the causes and on the date stated above
23A. SAGNATURE	23b. ADDRESS 23c. DATE SIGNED
War B. Olyuston	Sin as boshitul 8/3/50
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY   24b. LOCATION (City, town, or county) (State)
Burial Aug 4,1950 Mickro Kodes	h Cemetery Baltimore Md

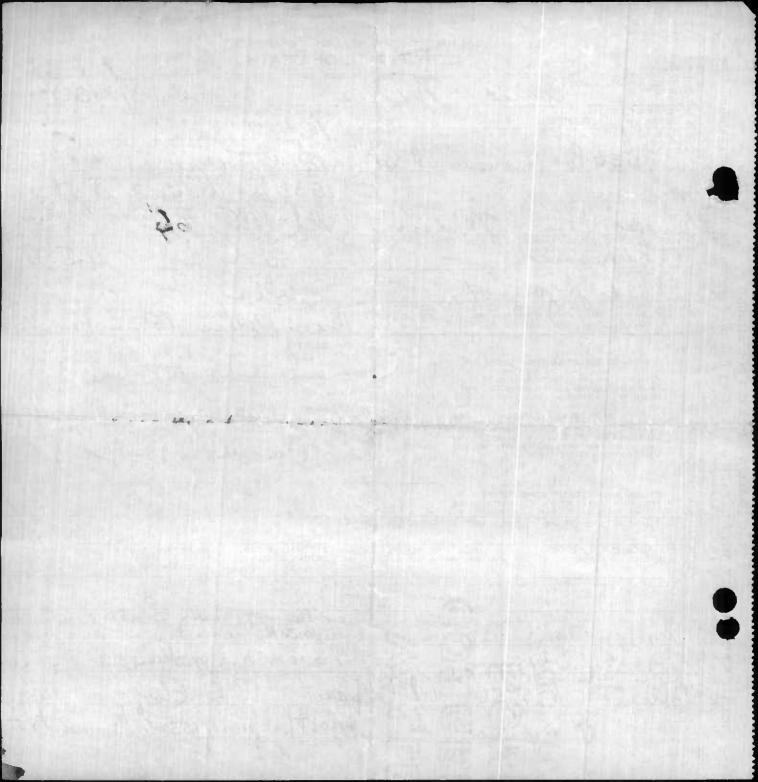
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REGISTRAR'S SIGNATURE

ADDRESS / (26W



should be ully supplied. The sarly and long.	1. (T 3. A. B. H(IN	RTH NO.  NAME OF DECEASED type or Print)  PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not inhority)  SET G. CO OR OF RACE  1. CO OR OF RACE  1	pital or institution,	give street a dress or (kajion)  Yrs.  Mos.  Days	LUSUAL RESIDENCE (W. STATE)	B. COUNTY  outside corporate lip  rural, give location)	12/50
MARGIN RESERVED FOR BINDING NFADING INK. Every item of information hysicians: please write the causes of death cle	ERTIFICATION (A)	DISEASE OR CONDITION ANTECEDENT CALL  DISEASE OR CONDITION OF THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT COTTRIBUTING TO THE DEATH, B	MED FORCES? Into of services  IN DIRECTLY EATH le of dying, e. g., neans the disease, h caused death.)  NUSES  5. IF ANY, GIVING (A) STATING THE LAST.	6. SOCIAL SECURITY NO.	4 MOTHER'S MAIDEN N.  7. INFORMANT  DEATH  DEATH  JOSEPH		APORESS  INTERVAL BETWEEN ONSET AND DEATH
PLEASE WRIT PI (LY, WITH U) correct age is especiar, important. Pl	MEDICAL C	TO THE DISEASE OR CONDIT 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21A. TIME (Month) (Day) (Yeo OF INJURY)  22A. I hereby certify that I deceased alive on 22A. SIGNATURE  A. BURIAL, CREMA- 24B. DATE OF THE CONTROL OF THE C	218. PLACE about home, farm with the state of the decay of the state of the decay of the state o	d that death occurred 238 M.D. NAM OF METERX	21c. WHERE DID (INJURY OCCUR?  21f. HOW DID INJURY of at 10:30 min., from to address	y occur?	Cas V- 10



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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6778

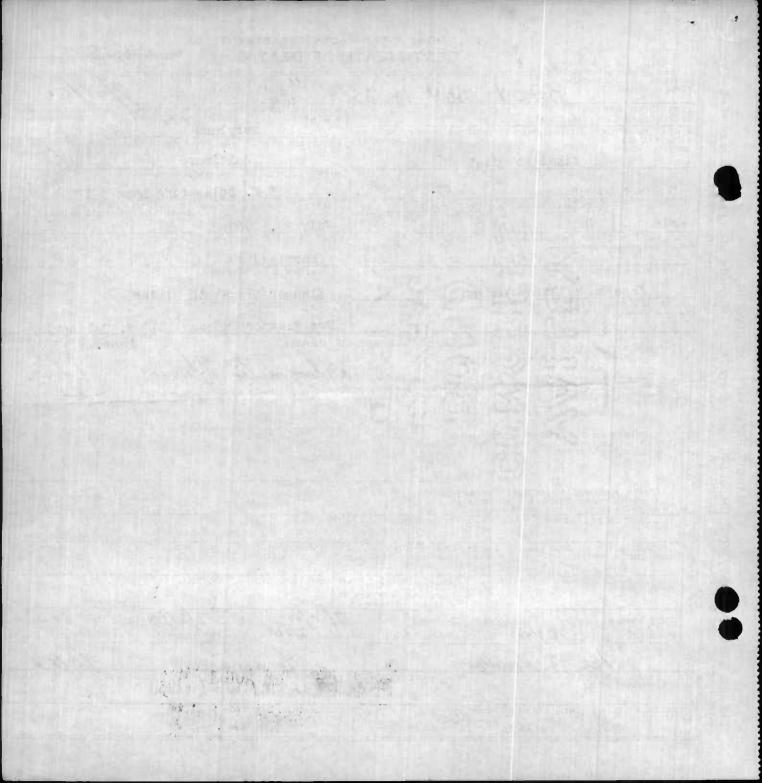
BIRTH NO.			CERTIFICATI	E OF BEATH		
1. NAME OF D (Type or Print)	ECEASED				2. DATE	
	Lena Long				DEATH July	13, 1950
3. PLACE OF D	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, B. COUNTY	If institution: residence before admission)
B. FULL NAME		al or institut	ion, give street address or		B. COUNTY	before admission)
HOSPITAL OR	Baltimore Cit		1 40 1		f outside corporate lin	nits write RURAL and give
INGTHION I	4940 Eastern	Avenue	10215	Baltimore	6-	township)
21			Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of s	tay in Baltimore	8	yrs. Mos.	8 N. Wolfe S	treet	
5. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	
Female	White	Wido	VED, DIVORCED (Specify)	Jan. 26, 1894	1ast birthday)	Months Days Hours Min.
10A. USUAL OC	CUPATION (Givekind of		OF BUSINESS OR	11. BIRTHPLACE (State or	1	12. CITIZEN OF
ork done during most	of working life, even if retired)		INDUSTRY	Maryland		WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
	W4774 D-1-7			Rachel		
15. WAS DECEASE	William Dohl	FORCES	I 16. SOCIAL			
Yes, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Records: 4940 Ea	ore City Hos	pitals
18. / 7	18			OF DEATH		INTERVAL BETWEEN
DISEAS	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	LEADING TO DEAT	ГН	*	Pulmona ry ede	me and an	nga +t an
heart failu	not mean the mode oure, asthenia, etc. It mea	f dying, e. i ns the diseas	g., (A)	I UZIIIOIIU I J OUE	illa allu uu	USOBOTALI
injury or	complication which c	aused death	.) DUE TO			
	ANTECEDENT CAUS	ES			HO 0.0	
Z			(B) Carcin	oma of Cervix	c Metasta	sia
RISE TO T	S OR CONDITIONS, IS THE ABOVE CAUSE (A)	F ANY, GIVING TE	NG HE DUE TO			
UNDERLY	YING CONDITION LA	ST.	(C)			
=						
DISEASE: RISE TO T UNDERLY UNDERLY OTHER S	II SIGNIFICANT CONDI	TIONS CO.				
TRIBUTING	TO THE DEATH, BUT	NOT RELATI	ED			
	OF OPERATION 1		FINDINGS OF OPER	ATION	· · · · · · · · · · · · · · · · · · ·	20. AUTOPSY?
	OF OPERATION O	98. MAJOR	FINDINGS OF OPER	ATTON		YES NO
310 ACCID	ENT WAS UNDER-	1 218 PL	ACE OF INJURY (e. g., i	n or   21c. WHERE DID (	If in Baltimore City	, give exact location)
	R CONTRIBUTING		farm, factory, street, office hldg.,		an Darwinste Only	, give exact rotation,
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
Or moon		mı.	WHILE AT NOT WHILE			
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			deceased from 7-			_50hat I last saw the
23A. SIGNA		. 19750.	and that death occur	3B. ADDRESS	the causes and on	the date stated above
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24A. BURIAL.		//		RY OR CREMATORY   24D. L	· · · · · · · · · · · · · · · · · · ·	
TION, REMOVAL (S	specity)		911191	CHETTY MEDICAL COMMON ALL	G 1 1950	
DATE RECEIVE	D BY   REGISTRAR'	SSIGNATI	JRF UNIX	25. FUNERAL DIRECTOR		ADDRESS
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	יל ז'RIR	H NO. 37	73.541		EALTH DEPARTMENT E OF DEATH	Registered	No. 5779
	. NA	AME OF D	BAP.	BY BOY HUNG	ON "A"	2. DATE OF DEATH	7/29/50
		ACE OF D	EATH: City, Maryland	7 400 / 11003	4. USUAL RESIDENCE		If institution : resi
В.	. FU	ILL NAME		tal or institution, give street address or location)		and	0
		ITUTION	Sinai Ho		C. CITT OR TOWN	imore	ts, wree RIRAL
-	7		21101 70	Yrs.	D. STREET ADDRESS (I		
			tay in Baltimore	l hr. Mos.	1216 E. Co	ldspring Lar	ne # 12
1	.se		6.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	July 29, 1950	9. AGE (In years) last birthday)	H Under I Year H Un Months Days Hou
10	OA.	USUAL OC	CUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN
Wor	rk dor	neduring most	of working life, even If retired)	INDUSTRY	Maryland		WHAT CO
13	3. F.	ATHER'S	NAME		14. MOTHER'S MAIDEN N	NAME	
		Jose	ph Mallison	Hudson	Eleanor Eliza	beth Miller	
(Y	5. W	VAS DECEAS o or nuknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-					Mrs Eleanor Hug	dson 1216 H	ane INTERVAL
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ATION		heart failt injury or DISEASE RISE TO	s not mean the mode oure, asthenia, etc. It mes	of dying, e.g., ans the disease, caused death.)  SES  (B)	azhragmeli		lh.
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CERTIFICA	15 2 H	DISEASE RISE TO UNDERL OTHER STRIBUTION TO THE EDGE OF THE STRIBUTION TO THE STRIBUT	s not mean the mode are, asthenia, etc. It mes complication which antecedent cause (A) S OR CONDITIONS, IT ABOVE CAUSE (A) YING CONDITION LAST THE ABOVE CAUSE (A) YING CONDITION LAST THE ABOVE CAUSE (A) TO THE DEATH. BUT DISEASE OR CONDITION OF OPERATION TO PERATION (Specify)  (Month) (Day) (Year of the condition of the death, but disease or condition of the co	of dying, e.g., an ans the disease, caused death.)  SES  (B)	RATION  in or 21c. WHERE DID (etc.) INJURY OCCUR?  ED 21f. HOW DID INJUR  7/21/55, 19 to	(If in Baltimore City	yes very give exact locate, that I last the date states
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before admission)

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WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTORSY

23c, DATE, SIGNED

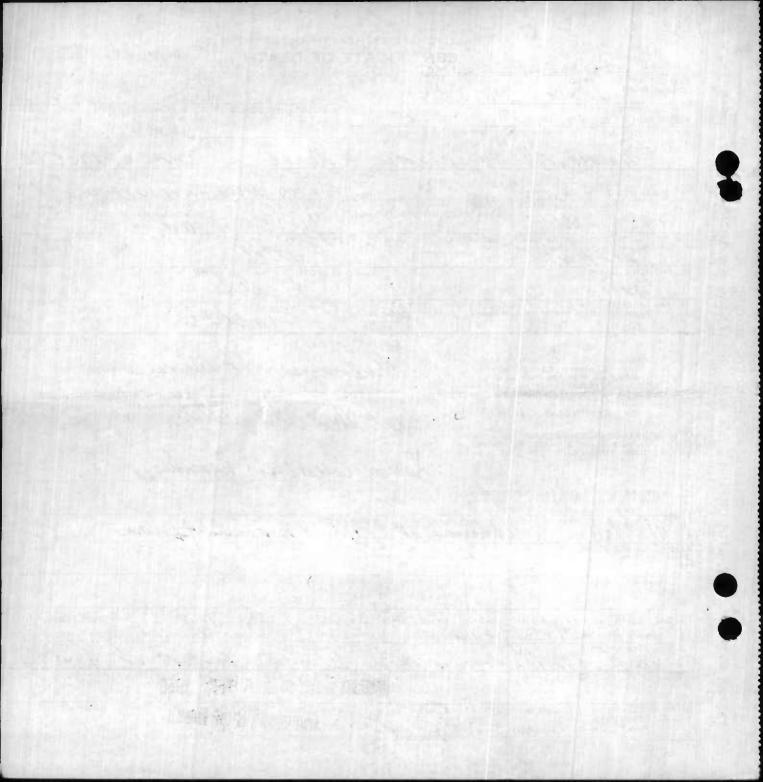
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12. CITIZEN OF

ADDRESS

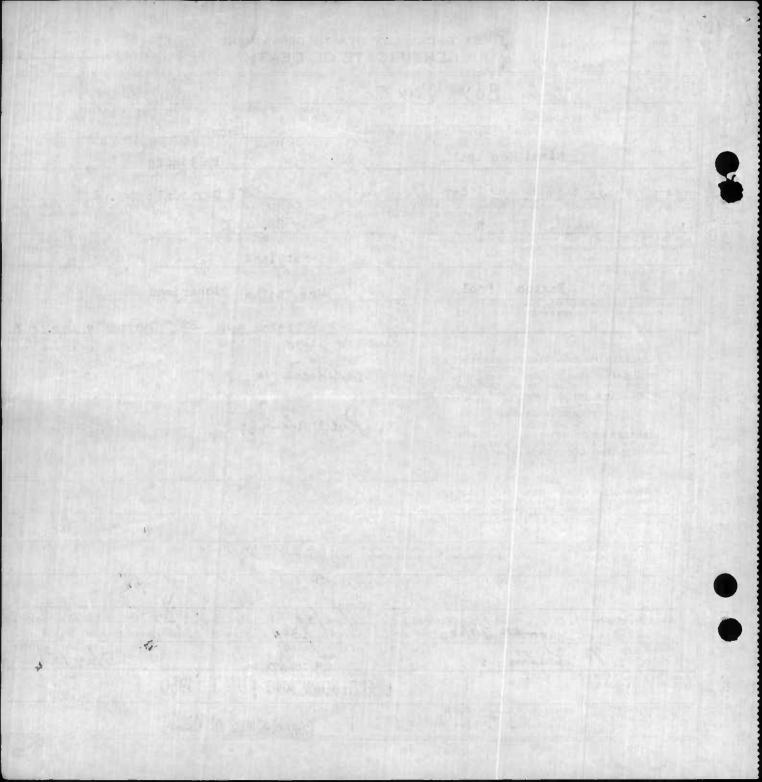
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3.	NAME OF DECEASED Baby	BOY POOLE	2. DATE OF DEATH  4. USUAL RESIDENCE (Where decease	
B. HC	Baltimore City, Maryland U  FULL NAME OF (If not in hospi OSPITAL OR	tal or institution, give street address or location)	A. STATE B. CO	DUNTY before admission
IN	Sinai Sinai	Hospital Yrs.	Baltimo D. STREET ADDRESS (If rural, give le	re township
	Length of stay in Baltimore	1 day Mos.	5208 Gwynnda	
al	le White	WIDOWED, DIVORCED (Specify)	July 28, 1950	thday) Months Days Hours Min
	DA. USUAL OCCUPATION (Give kindo k doneduring most of working life, even if retired		11. BIRTHPLACE (State or foreign count  Maryland	ry) 12. CITIZEN OF WHAT COUNTRY
13	Peyton Easton	Pool	14. MOTHER'S MAIDEN NAME	
15	5. WAS DECEASED EVER IN U. S. ARME 10, no or nnknown) (If yes, give wer or dat		Mrs Thelma Richards	ADDRESS
(10	(1) you, give wat of date	es of service) SECURITY NO.	Mrs Thelma Pool 5208	Gwynndale Ave. # 7
TIFICATION	ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	(C)	telectasis Prematurity	
ER	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT			
L CER	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION		RATION	20. AUTOPSY?
EDICAL CER	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	N CAUSING IT.	n or   21c. WHERE DID (If in Baltim	20. AUTOPSY? YES NO [ lore City, give exact location)
DICAL CER	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 2	N CAUSING IT.  19 B. MAJOR FINDINGS OF OPER  21 B. PLACE OF INJURY (e. g., in about bome, farm, factory, street, office blds., e.)  (Hour) 21 E. INJURY OCCURR:  WHILE AT NOT WHILE	m or 21c. WHERE DID (If in Baltim etc.) INJURY OCCUR?	YES NO
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EDICAL CER	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 2  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21D. TIME (Month) (Day) (Year OF INJURY)  22. I hereby certify that I at	N CAUSING IT.  19B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., in about bome, farm, factory, street, office blds., e.g., in the street of the stree	ED 21f. HOW DID INJURY OCCUR?	nore City, give exact location)  10, 19, that I last saw that and on the date stated above 239. DATE SIGNED



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days ion should be 5. SEX 6. COLOR OR RACE E. MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. DOWED, DIVORGED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) NDUSTR information death 13. FATHER'S NAME MAIDEN NAME VER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 15. WAS DECEASED of 16. SOCIAL (Yes, no or unknown) SECURITY NO causes Jo 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. NO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-ASST. MEDICAL EXAMINER ш \*TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION Y, WITH MEDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 3.19\_\_\_, to\_ , 19\_\_\_, that I last saw the 22. I hereby certify that I attended the deceased from , and that death occurred at. Am., from the causes and on the date stated above. deceased alive on RI 23B. ADDRESS 23A. SIGNATURE PLEASE WE correct age i BURIAL, CREMA-LOCATION (City, town, or county) 248. DATE 24c. NAME of TION, REMOVAL (Specify)

25. FUNERAL DIRECTOR

before admission)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL ETWEEN

ONSET AND GEATH

20. AUTOPSYT

23c. DATE SIGNED

If Under 1 Year

ADDRESS

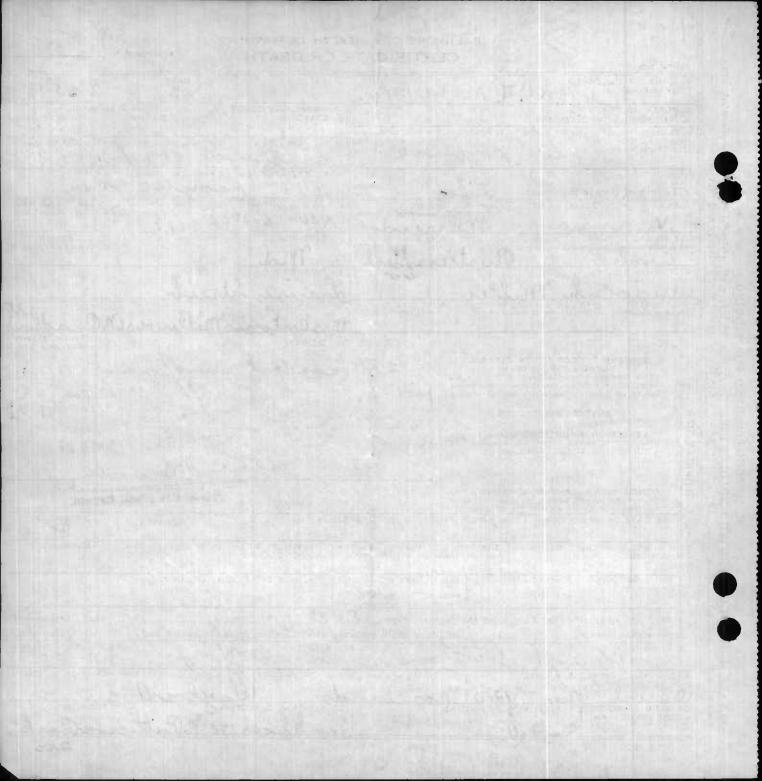
12. CITIZEN OF

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

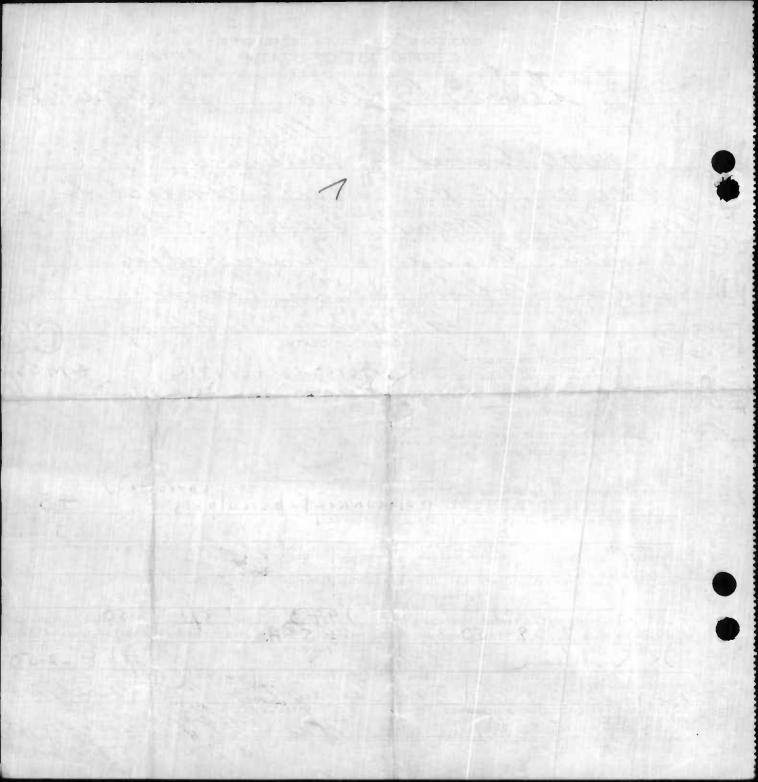
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# BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	4. <del>3.</del>		CERTIFICAT	E OF DEATH	Н	Registere	d No	O K EJ K
1. NAME OF		RT SIEG	MUND			2. DATE OF DEATH AU	gust 2.	1950
3. PLACE OF A. Baltimore B. FULL NAM	City, Maryland	al or instituti	on, give street address or	4. USUAL RESIDE A. STATE Maryland	NCE (Whe		. If instituti	
HOSPITAL OF			location)	c. CITY OR TOWN Baltimore	(If our	tside corporate li	imits, write	RURAL and give township
c. Length of	stay in Baltimore	Lif	20070	o. street addres			)	
5. SEX male	6.COLOR OR RACE	Ri	(MARRIED) ED, DIVORCED (Specify)	8. DATE OF BIRTH 9-6-19	9	AGE (In years last birthday)		ar H Under 24 Hours
work done during mod Shi	CCUPATION (Give kind of t of working life, even if retired) pfitter	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (ST	tate or forei	gn country)	12. CIT WF	TIZEN OF HAT COUNTRY USA
13. FATHER'S	NAME Joseph Siegmu	nd		Mary ?	IDEN NAM	E		
15. WAS DECEA	SED EVER IN U.S. ARMEI (1f yes, give war or date World War	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Rita Siegm	und ]	1930 Bank	ADDRESS	
Z DISEAS	ASE OR CONDITION LEADING TO DEA es not mean the mode of lure, asthenia, etc. It mes r complication which of ANTECEDENT CAUS ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA	TH  of dying, e.g.  ons the disease  caused death.  GES  FANY, GIVIN  STATING TH	) DUE TO  (8)	phosphorus po	pisonin	£		
OTHER TRIBUTII	II SIGNIFICANT COND TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D					
U 19A. DATE	OF OPERATION 1		FINDINGS OF OPER		1D /Y6 :	P-lui- Oit	YE	NO NO
UNDERLYI UTING	RNAL CAUSE WAS NG X OR CONTRIB- CAUSE OF DEATH.	about home, fa	CE OF INJURY (e. g., i rm,factory,street,office bldg., home	1930 Ban	k Stre	n Baltimore Cit	y, give exac	ct location)
OF INJURY	(Month) (Day) (Year) (ust 1, 1950 2	. 30a <sub>m.</sub>	HILE AT NOT WHILE WORK AT WORK		n of a	phosphor	us rat	poison
the e	ify that I took char vidence obtained by leath in my opinion	said Auto	psu. Inspection or i	Inquiry, find that	said decc	pection or Inqui	the day	con and from stated above mined .
23A. SIGN	suley N.	Dun	Lacke M 4c. NAME OF CEMETE	23B. CHIEF MEI ASSISTANT ME D. MEDICAL INVE	DICAL EXA	AMINER	August	2, 1950
TION, REMOVAL Buri	Aug.5	1950	St. Stanisl	aus	Balt		Md.	
LOCAL REGIS	TRAR	. 30.	liania M.	Lilly & Zei		403 S.	Wolfe S	

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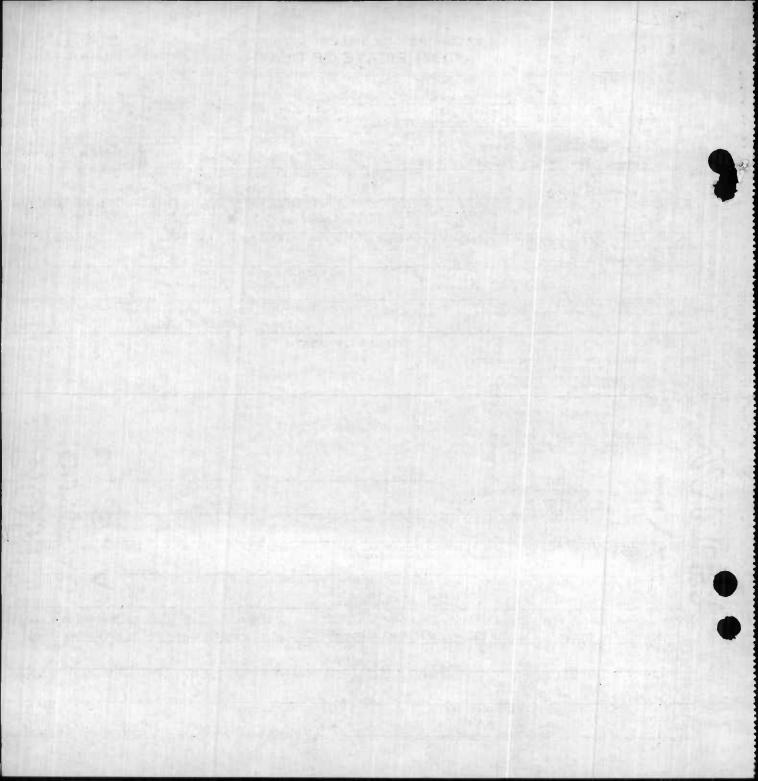
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### BALTIMORE CITY HEALTH DEPARTMENT

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ВІ	RTH NO. CERTIFICAT	E OF DEATH Registered No	).
1. (T	NAME OF DECEASED  Barbara Tres	uch 2. DATE OF DEATH Chang.	3, 1950
A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived if in a. STATE   B. COUNTY	stitution: residence before admission
HC	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR STITUTION Sille Silvers of the Consociation	C. CITY OR TOWN (If outside corporated imits,	write RURAL and giv township
7	Yrs. Mos	D. STREET ADDRESS (If raral, give location)	· · · · · · · · · · · · · · · · · · ·
-	Length of stay in Baltimore Days	1200 voring st.	1-19-19-19-19-19-19-19-19-19-19-19-19-19
5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		nder   Year   It Under 24 Hours   Min.
10 werk	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 1	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME Jacob Funk	14. MOTHER'S MAIDEN NAME  2 any Kane	
	WAS DECEASED EVER OF U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Side Synahis ADI	DRESS
	18. 442X CAUSE	OF DEATH	INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	ny o cardilis	
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	fshritij:	
IFI	(C)		
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL C	19a, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg		ve exact location)
2	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURI OF INJURY		
		une , 19 \$ 9, to any 3 , 1950,	that I last saw th
18	deceased alive on Congr, 1950, and that death occi		
	23A. SIGNATURE Loved Fisher M.D.	23B. ADDRESS 1 No. of. 26	8/4/50
24 Tic	AA. BURIAL, CREMA-, 24B. DATE 24C. MAME OF CEMET BURIAL (Specify) 8 5 5 5 ()	ERY OR CREMATORY 240 LOCATION (City, town, or	r county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE COCAL REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR'S SIGNATURE	Rita Wieleld E. B.	address 900
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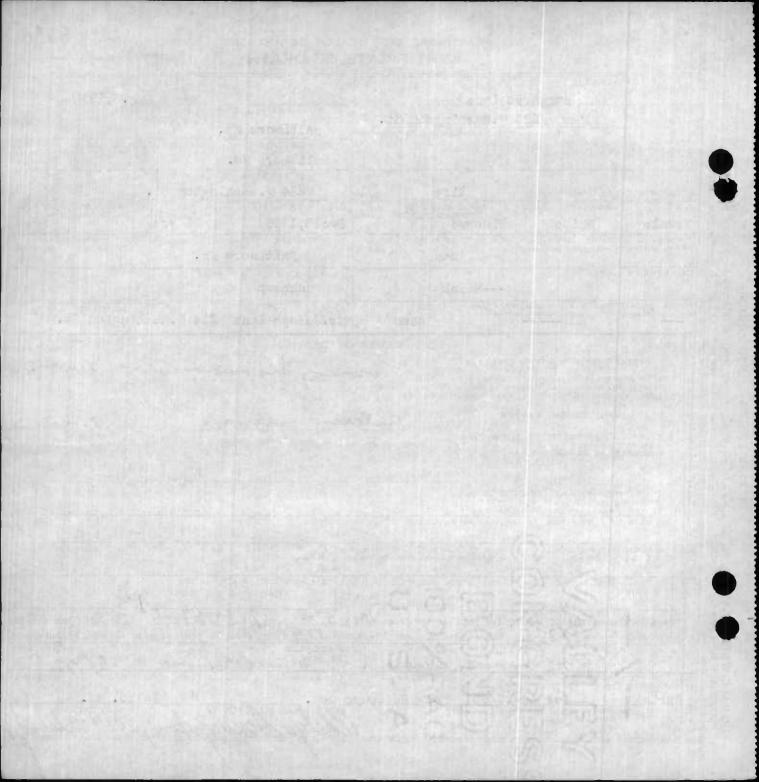
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH Aug. 3, 1950 Margaret Lenz 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland224 N. Washington St. B. COUNTY A. STATE before admission) Baltimore Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION township) Baltimore Md. D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore life 224 N. Washington St. Days 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify)
Widowed 9. AGE (In years) last birthday) Months Days Hours Min. 5. SEX 6. COLOR DR RACE 8. DATE OF BIRTH information should be Female White Dec13.1866 10A. USUAL OCCUPATION (Givehindof) 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore Md. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ---Shick unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yee, give war ur dates of service) HONE NO. 224 N. Washington St. Mr.Joseph Lenz causes NTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ... 11 RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш U TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION EDICA 21ACACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICACE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from Les 5 4, 1949, to 1960 that I last saw the 1950, and that death occurred at 2 26 1? m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. PATE SIGNED 100 21. me 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY DR CREMATORY 24b. LOCATION (City, town, or county) Aug. 7/50 Burial Holy Redeemer Cem. Balto. Md. DATE RECEIVED BY NERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS

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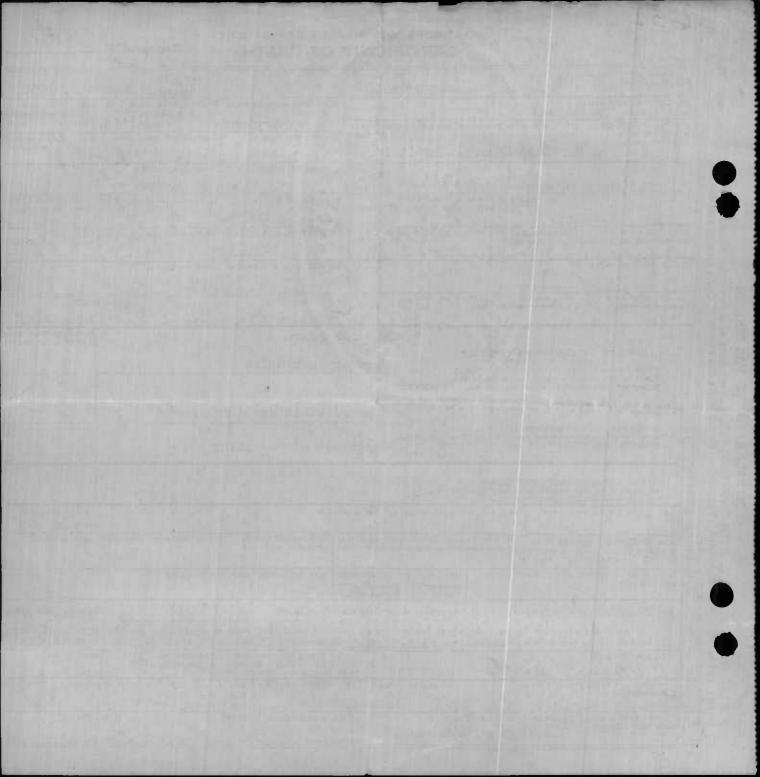
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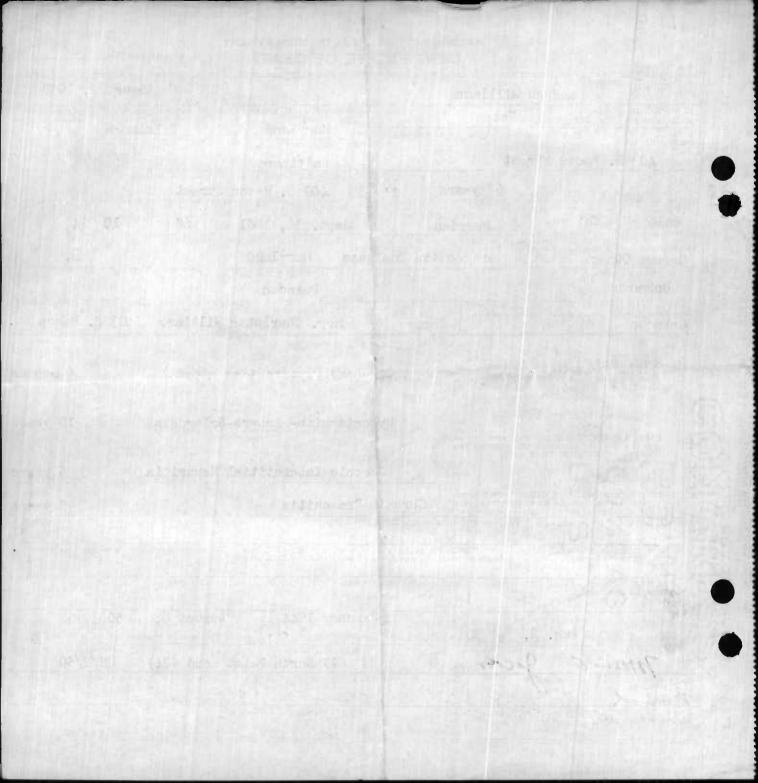
	6787		В	CERTIFICAT	HEALTH DEPART		Registere		6787
1.	NAME OF DEC	EASED JACO	)B	ORONSON			2. DATE OF DEATH	ugust 2	2. 1950
	PLACE OF DEA Baltimore City	TH:			4. USUAL RESID	ENCE (W	nere deceased lived	. If institution	
B. H	FULL NAME OF		tal or instit	ution, give street address location	or Mary		B. COUNTY Bal outside corporate li	timore	
IN	STITUTION	Maryland	Genera	al Hospital	Esse		diside corporate ii	mics, write it	township
				Yrs	D. STREET ADDRI		ural, give location)		
	Length of stay		50	years. Mos	329	The second secon	ah Avenue	220	
	Male 6.	COLOR OR RACE White		LE, MARRIED, WED, DIVORCED (Special	3. DATE OF BIRTH		9. AGE (In years last birthday)		
10	A. USUAL OCCU	PATION (Give kind of	108. KIN	ND OF BUSINESS OR	AL BIRTHPLACE	1	eign country)	12. CIT	IZEN OF
wor	Retired	rking life, even if retired)	Stan	Land Oile Co	Musta	in .		WH	AT COUNTRY
13	FATHER'S NAM	1E	1 species	, , ,	14. MOTHER'S MA	AIDEN NAI	ME	1 4.	U. A.
	(da	power	~		Mark		m.		
15 (Ye	. WAS DECEASED I	VER IN U.S. ARME	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
Ì	_			-	Frank O	ron	som 32	9 Jav	anuch Ow
	18. 420	. / .		CAUSE	OF DEATH	-2-			RVAL BETWEE
	DISEASE	OR CONDITION	DIRECTL						
	(This does no	t mean the mode asthenia, etc. It me	of dying, e	· 6 · 2 (A)	nary occlusio	on	**********************	***********	***************************************
	injury or co	mplication which	caused dea	th.) SEXECUTE					
	AA	TECEDENT CAU	SES	Myoc	ardial infarc	etion			
Z		R CONDITIONS, I		(B)			70707070000000000000000000000000000000		
ATION		G CONDITION L		Cirr	hosis of the	liver			
CA				(C)					
ERTIFIC	TRIBUTING TO	II NIFICANT COND THE DEATH, BUT ASE OR CONDITION	NOT RELA	TED					
L C	19A. DATE OF		- "	R FINDINGS OF OPE	RATION			1	AUTOPSY?
EDICA		CAUSE WAS OR CONTRIB-		LACE OF INJURY (e. g. e, farm, factory, street, office bldg		OID (If	in Baltimore City	y, give exact	t location)
ME	21D. TIME (Mo OF INJURY	nth) (Day) (Year	(Hour)	21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	E	YAULNI (	OCCUR?		
	22. I certify	that I took char		c remains described		Au	topsy	there	on and from
				topsy, Inspection or		Autopsy. In	spection or Inqui	rv	
	and death	in my opinion	resulted	from: natural caus	es 🗵, accident 🗆,	suicide [	], homicide [	, undetern	nined [].
	1) Ulea	un U soots	4		238. CHIEF ME ASSISTANT ME M.D. MEDICAL INVI	EDICAL EX	XAMINER	August	3, 1950
	4A. BURIAL, CRE			24c. NAME OF CEMET	ERY OR CREMATORY		CATION (City, to		
	Burial	8/7/	50	Oak Laws	v	East	tendol.		mal.
L	ATE RECEIVED E	Y REGISTRAR			25. FUNERAL DIR	ECTOR	. 11	ADDRE	SS
	406 4 - 195	Williams Willy	2/6V /1	illians, Mr	John & &	nue	lly.	Tree.	21, med
V	S 151	A A		and season in the	/		/	941	2 6
			- Survey El		4 5 3		E-11	170	~



BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

50 6788 Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) Andrew Williams	2. DATE OF August 2, 1950		
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Baltimore		
INSTITUTION	(If outside corporate limits, write RURAL and give township)		
403 S. Macon Street Baltimore	26-01		
10 Mos	(If rural, give location)		
c. Length of stay in Baltimore 55 years 14 Days 1 405 S. Flace			
5. SEX Male  6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Married  8. DATE OF BIRTH Sept. 16, 1881	9. AGE (in years li Under I Year last birthday) Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State			
Garage Owner Automotive Business Maryland	WHAT COUNTRY?		
13. FATHER'S NAME			
77-3	IN NAME		
VIIII			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS		
Unknown   None   Mrs. Charlot	te Williams 403 S. Macon St.		
18. 470. / I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of duing a gr	hrombosis) 6 months		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	mondis		
injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES			
Usernant and an Antan	o-Sclerosis 10 years		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
UNDERLYING CONDITION LAST.			
Chronic Interstiti	al Nephritis 5 years		
IF I SEE SEE SEE SEE SEE SEE SEE SEE SEE S	die mobile en		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED Chronic Bronchitis	F		
U TO THE DISEASE OR CONDITION CAUSING IT.	) years		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	YES NO A		
ш	(If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID IN	JURY OCCUR?		
OF INJURY WHILE AT NOT WHILE			
m.   WORK   AT WORK   Towns 10//	August 2 50		
22. I hereby certify that I attended the deceased from January 194419,	o August 2, 19 29that I last saw the		
deceased alive on Aug. 2, 19 50 and that death occurred at 5 Am., fr	om the causes and on the date stated above.		
23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED		
Maris a. Gacobr M.D. 617 North Poi			
24A. BURIAL, CREMA- 24B. DAVE 24C. NAME OF CEMETERY OR CREMATORY 2 TION, REMOVAL (Specify)	4D. LOCATION (City, town, or county) (State)		
Purial 8/4/50 St matthews	Tonnell St. Med.		
DATE RECEIVED BY REGISTRAR'S SIGNATURE   25. FUNERAL DIREC	TOR ADDRESS		
LOCAL REGISTRAR Hunting or Hilliams Alex	melly From		
A Court of the Cou	orany variation		
VS 150	/ 1210		
71003	1010		



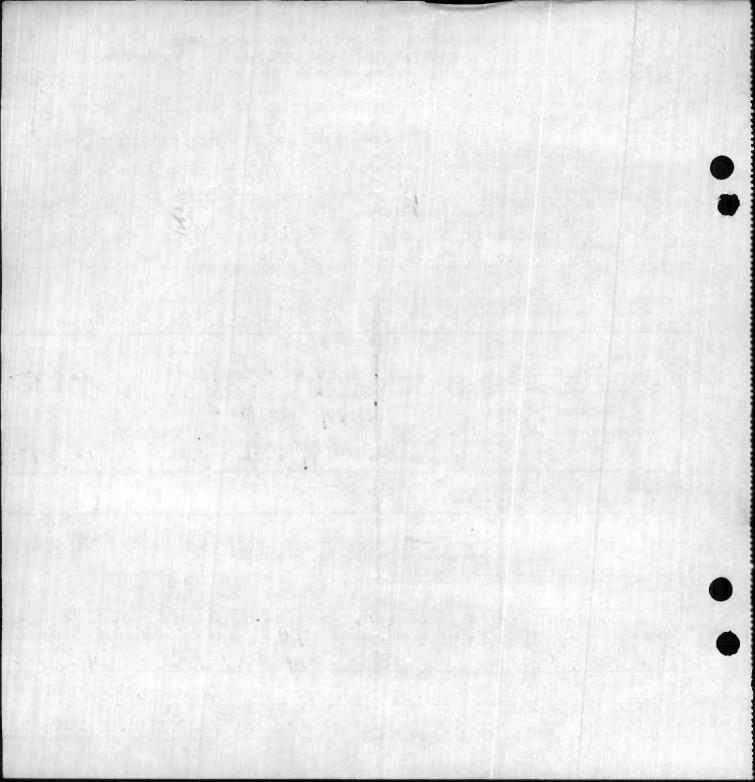
d. The	+	
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W. S PLA LY, WITH UNFADING INK. Every item of information should to all supplied.		
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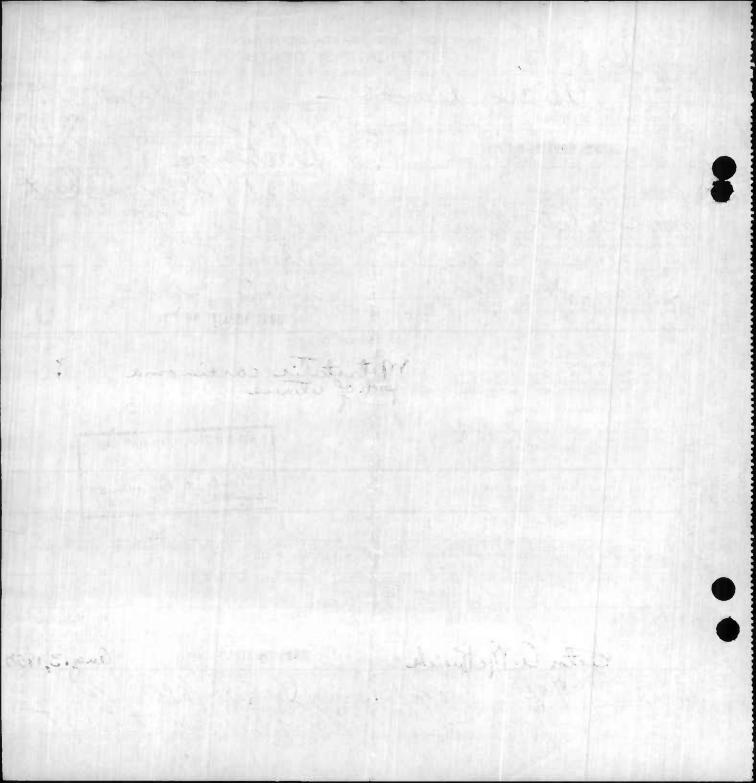
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	50 6783
	BIRTH NO.
-33	A MANUE OF DECE

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	6739
Registered	No	

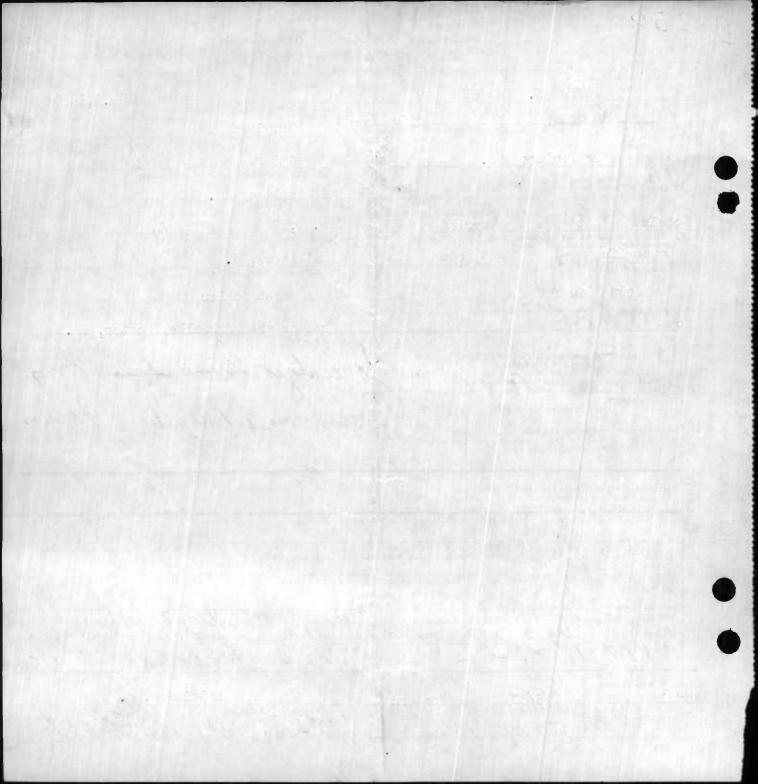
BIRTH NO.			
1. NAME OF DECEASED (Type or Print) James W. Algie	2. DATE OF August 3, 1950		
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)		
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, with RURAL and give		
INSTITUTION 2902 Louise Avenue	Baltimore Township)		
Yrs.	D. STREET ADDRESS (If rural, give location)		
Mos.			
c. Length of stay in Baltimore Days  5. SEX 6. COLOR OF BACE 17. SINGLE MARRIED	2902 Louise Avenue		
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years If Under 1 Year It Under 24 Hours Min.		
male white single	July 5, 1879 /1		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Stationary Engineer Security Launch	11. BIRTHPLACE (State or foreign country) Ingland  12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
David Algie	Sarah White		
15 100 200 200			
(Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	Miss Mary Algie, 2902 Louise Avenue		
18. 420. / CAUSE	OF DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	On a Canelal 1. He onset and Death		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	1000 MATRIAN UNI LO JOURS D.		
injury or complication which caused death.) DUE TO	ght hemiplegia-also		
ANTECEDENT CAUSES			
1/1	is of square.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
A CHOERETING CONDITION EAST.			
(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d			
<u> </u>			
OTHER SIGNIFICANT CONDITIONS CON-			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
. 19A. DATE OF OPERATION . 1 19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?		
NA.	YES NO		
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltimore City, give exact location)		
W CAUSE OF DEATH	etc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?		
OF INJURY WHILE AT NOT WHILE			
m. WORK AT WORK			
22. I hereby certify that I attended the deceased from 12			
deceased alive on 2 and 1950, and that death occur			
	38. ADDRESS A 20 1 23C. DATE SIGNED		
The work . M.D.	5214 Janhalla 4 Chig 50		
24A. BURIAL, CREMA- TION REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 246. LOCATION (City, town, or county) (State)		
burial 8/5/50 Mt. Carmel	Cemetery Baltimore, Maryland		
DATE DECEMEND BY LEGISLATION	25. FUNERAL DIRECTOR ADDRESS		
LOCAL REGISTRAR	Mm. Cook & 1217 St. Paul Street		
AUG 4 - 1950 tustington Miliams, My	The sale of the		
VS 150	do a		
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	ca	legib
	should	early and
MARGIN RESERVED FOR BINDING	LY, WITH UNFADING INK. Every item of information should	Physicians: please write the causes of death clearly and
FOR	y item	the ca
RVED	Every	write
RESE	INK.	please
MARGIN	UNFADING	Physicians:
	WITH	ortant.
	LY,	mpc
	T PLY	s especially im
	A	

)-		CITY HEALTH DEPARTMENT FICATE OF DEATH Registered	6791		
	I. NAME OF DECEASED (Type or Print) ANIA K. DAWSON	2. DATE OF DEATH	r. 2.1950		
ny suppned.	3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission		
IIIy sı	B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION	location) C. CITY OR TOWN (If outside corporate limit	s, write RURAL and giv		
egibly	28 Poultney St.	Yrs. D. STREET ADDRESS (If rural, give location)			
nd l	c. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE	Days 28 Poul tney St.  B. DATE OF BIRTH 9. AGE (In years   1 last birthday) Mo	Under 1 Year If Under 24 Hours Min		
clearly a	Temale White Married  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINE	ESS OR 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY		
E G	Housewife At Home 13. FATHER'S NAME	Baltimore, Md.  14. MOTHER'S MAIDEN NAME	WHAT COUNTRY		
f death	John Wise  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Ma garet Schier			
causes of		IT. INFORMANT A	DDRESS		
UNFADING INK. Every Physicians: please write th	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Careinoma 7 Breast	18 mos.		
hysic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
d	19A. DATE OF OPERATION 19B. MAJOR FINDINGS	OF OPERATION	20. AUTOPSY?		
LY, WILL mportant.	LYING OR CONTRIBUTING about home, farm, factory, stree	URY (e. g., in or eet, office bldg., etc.)   21C. WHERE DID (If in Baltimore City, g	rive exact location)		
}	OF INJURY  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from Dec. 1949, to auges and on the date stated above deceased alive on Lug 3. 1850 and that death occurred at 3 A. m. from the dayses and on the date stated above				
especia					
_	23A. SIGNATURE LOW	M.D. 23B. ADDRESS FORTANT	23C. DATE SIGNED		
correct age is	24A. BURIAL CREMA- TION, REMOVAL (Specify) Urial 8/5/50 Wester	of CEMETERY OR CREMATORY 24D. LOCATION (City, town, Baltimore, Md.	or county) / (State)		
COLL	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 HONERAL DIFFERENCE 1219ST	and b		
	VS 150		50		



BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

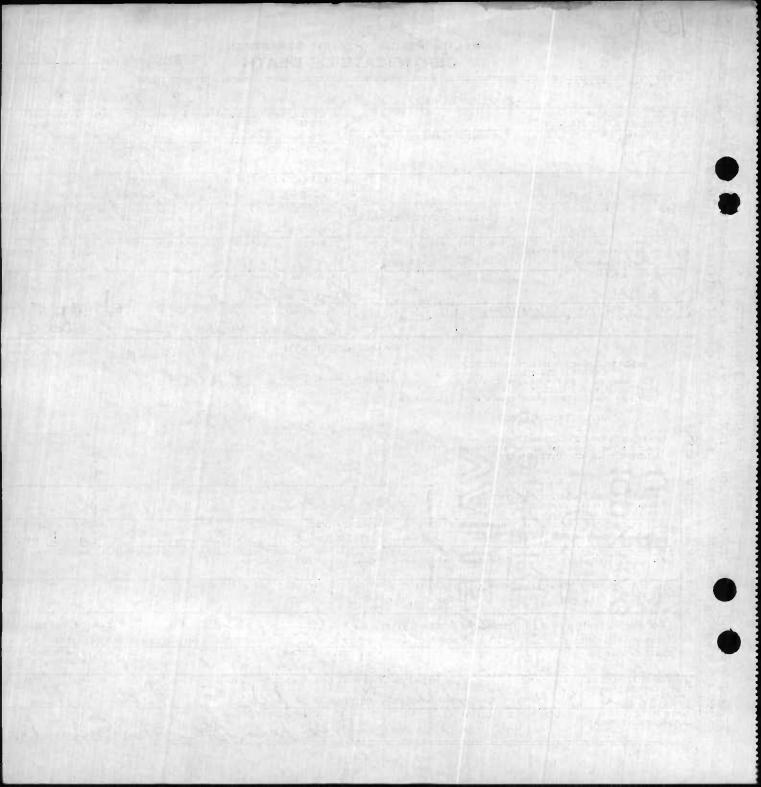
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BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	To
1. NAME OF DECEASED	THAN LE	VY	2. DATE OF DEATH	4-50
a. Baltimore City, Maryland		4. USUAL RESIDENCE (		institution : residence before admission)
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION	titution, give street address or location)		If outside corporate limit	
ST. JOSEPH'S H	DIPITAL		5 15	-/O township)
c. Length of stay in Baltimore	Yrs. Mos. Days	4026 W.	Cold Sprin	
5. SEX 6. COLOR OR RACE 7. SIN	OWED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Under 1 Year If Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14 MOTHER'S MAIDEN !	NAME	0.5.71
15. WAS DECEASED EVER IN U. S. ARMED FORCE: (Yes, no or unknown) (If yes, give war or dates of service)	S? 16. SOCIAL SECURITY NO.	17 INFORMANT P	AF	DDRESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	e. g., (A) Car sease, (eath.) DUE TO	cinona y	bead of	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN	NG IT.	isocleratic c	ordivern	
19A. DATE OF OPERATION   19B. MA.	OR FINDINGS OF OPER	brad of san	eun	20. AUTOPSY?
П HOMICIDE (Specify) about he	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,		(If in Baltimore City, g	rive exact location)
Z1D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E, INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
22. I hereby certify that I attended	the deceased from 7	-16 ,1950to		that I last saw the
		rred at 5:25 An., from	the causes and on th	
23A. SIGNATURE	Zees M. D.	23B. ADDRESS	Hornelof	23C. DATE SIGNED
248 BURIAL, CREMA- 24B. DATE TION, REMOVAL (Sprairy) 8-4-50	24c/NAME OF CEMPTE		LOCATION (91), town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGN	ATURE VILLA MAR	25. FUNERAL DIRECTOR	and see	AUDRESS P

VS 150

290/82

469



ADDRESS

195 that I last saw the

23c. DATE SIGNED

before admission)

H Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY

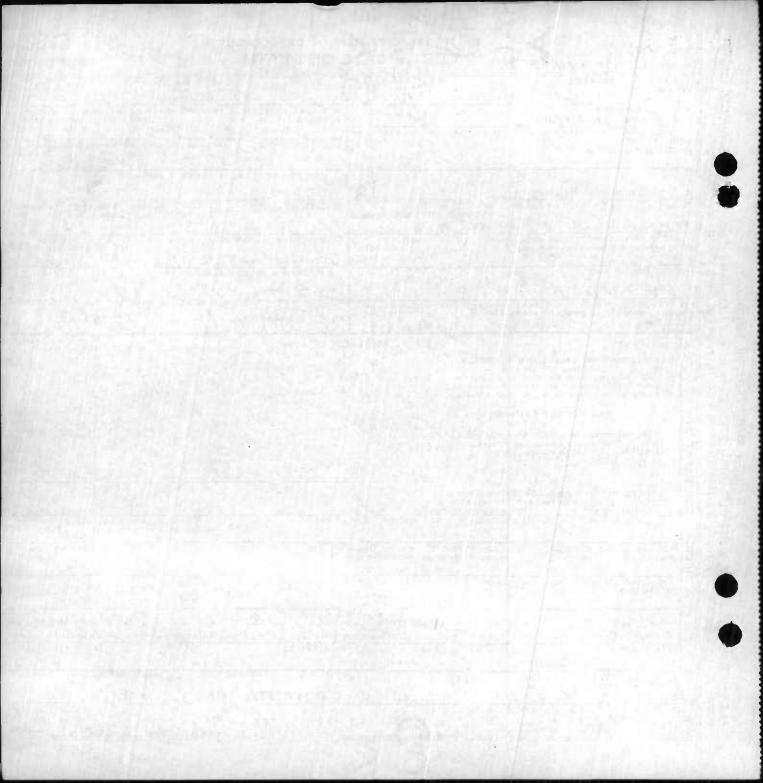
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

township)

If Under 24 Hours



BURIAL, CREMA-

24B.

DATE

SIGNATURE

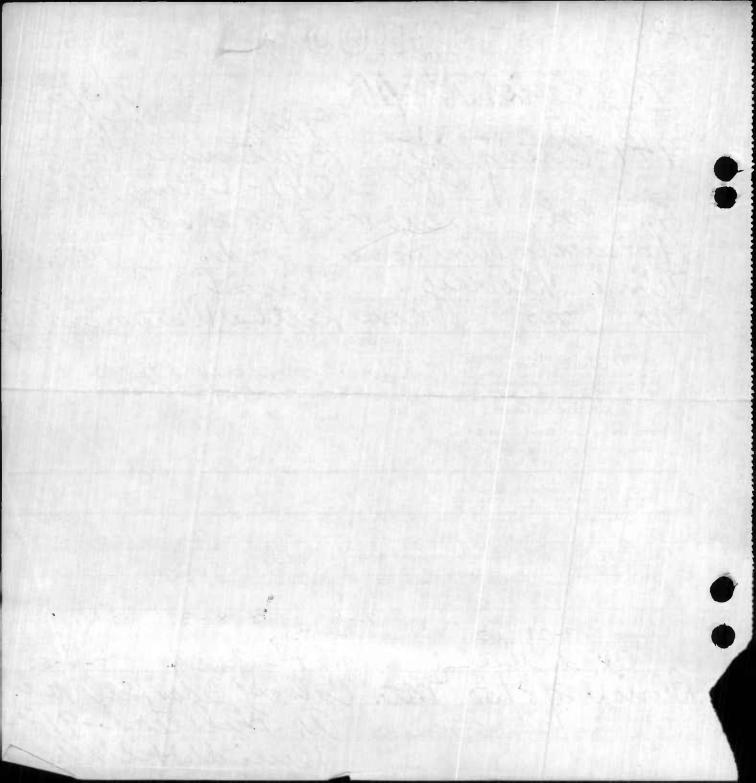
6	26		
5	6794  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No		
1	NAME_OF_DECEASED	2 DATE	0.0.40
	. PLACE OF DEATH:	DEATH	8-3-50
1	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If it a. STATE B. COUNTY Maryland	before admission)
F	ospital or Baltimore City Hospitals location 4940 Eastern Ave.		s, write RURAL and give township)
	Length of stay in Baltimore Moyrs Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 719 West Lafayette Ave.	
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Wid Owed		Under 1 Year Hours Min.
1 100	OA, USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR INDUSTRY)  OUR HOUSE OF BUSINESS OR INDUSTRY  OUR HOUSE INDUSTRY	Virginia	WHAT COUNTRY
1	James Ross	Margaret Johnson	
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yos, given or ordates of service)  (If yos, given or ordates of service)	Pecords: 4940 Eastern Ave.	PRESTRU
FICATION	DISEASE OR CONDITION DIRECTLY	OF DEATH ured Abdominal Anuerysm	INTERVAL BETWEEN ONSET AND DEATH
CERT	194 DATE OF OPERATION   198 MAJOR FINDINGS OF ORE	clerotic Heart Disease	20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?			YES NO
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY WHILE AT NOT WHILL AT WORK AT WORK		
	deceased alive on 8-3-, 19-50, and that death occi	$16-$ , 19 $38_{to}$ $8-3-$ , 19 $56_{to}$ , 19 $5$	Q that I last saw th
		238. ADDRESS	23c. DATE SIGNED

25. FUNERAL DIRECTORPLICAD ADDRESS 8-W. Halilead - 9/8-Much Still one, DATE RECEIVED BY LOCAL REGISTRAR MANAGERAL 07 VS 150

44C. NAME OF CEMETERY OF CREMATORY

24D. LOCATION (City, town, or county)

ash if dneurysm in due to syphile? "Patient had both Conditions, etc See Doument File 50- 6794



H DEPARTMENT F DEATH	50 Registered N	6796
sual residence (W FATE Maryland	2. DATE OF DEATH 7-3 here deceased lived. If B. COUNTY	0-50 institution : residence before admission)
Baltimore TREET ADDRESS (Ifr	ural, give location	township)
25 S. Dallas S ATE OF BIRTH uly 7 ?	9. AGE (In years last birthday) Mot	Under I Year of Under 24 Hours on this Days Hours Min.
IRTHPLACE (State or for North Caro	lina	12. CITIZEN OF WHAT COUNTRY?
Julia Flowe	rs	DDRESS 4940
cords: Balto.	City Hospita	ls Eastern Av
eath sclerotic Hea	rt Disease	INTERVAL BETWEEN ONSET AND DEATH

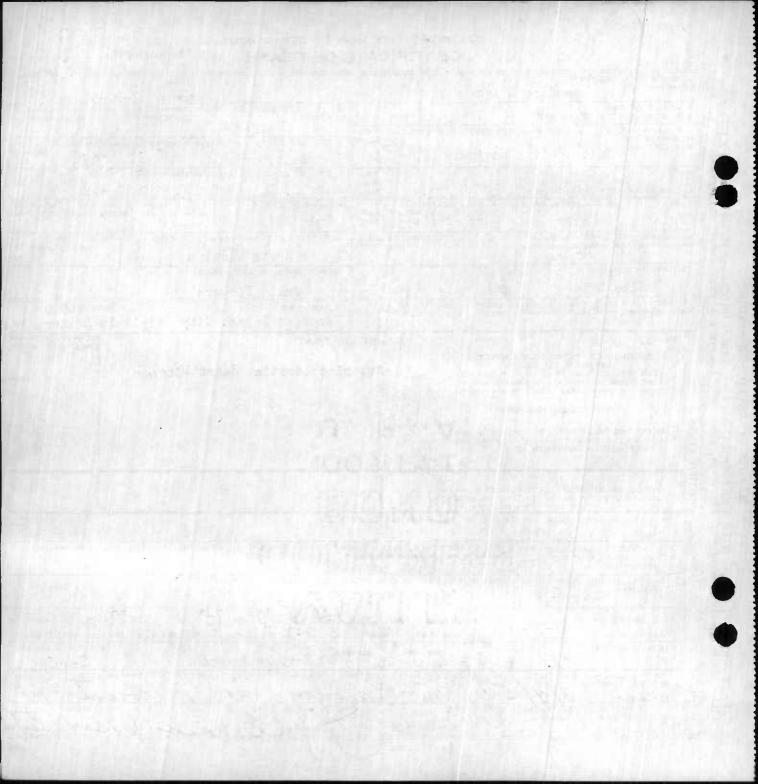
20. AUTOPSY?

YES X

19.50, that I last saw the

ADDRESS

23c. DATE SIGNED

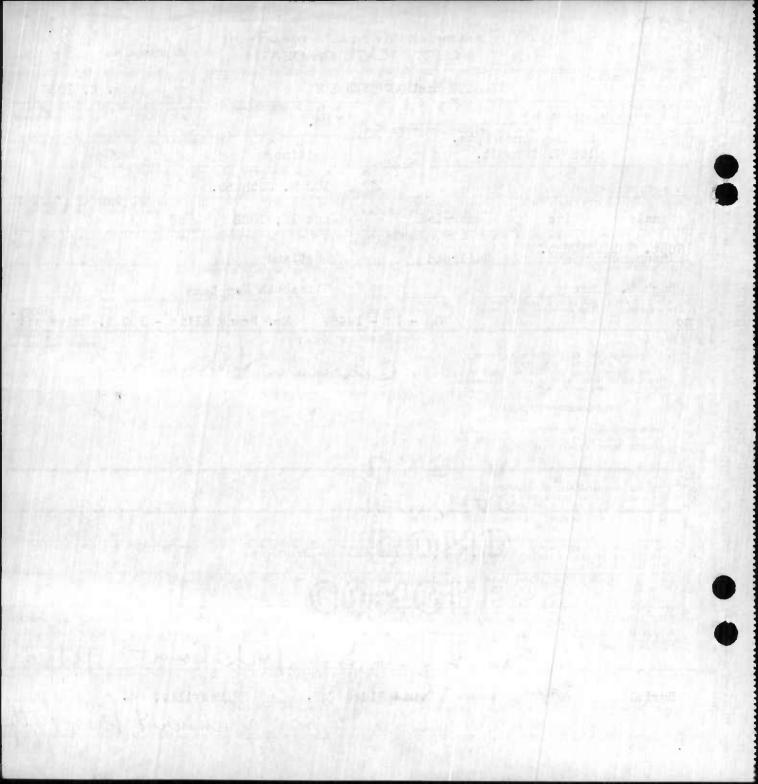


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	BIRTH	N	0.	97
Ш	1 NIA NA	F	05	DEC

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	6797
Registered	No	

B	IRTH NO.						
(7	NAME OF DECEASED Type or Print)	WILLIAM MacLEAN KE	ENNEDY	2. DATE OF Aug. 2, 1950			
	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If institution: residence B. COUNTY before admission)			
В.	FULL NAME OF (If not in hosp OSPITAL OR Berkley A	pital or institution, give street address or location	r				
	NSTITUTION 102 W. 39		Baltimore (If	outside corporate limits, write RURAL and give township)			
		Yrs.	O. STREET ADDRESS (If	rural, give location)			
	Length of stay in Baltimore	Mos. Days		• Maries Telephone			
5	male white	F 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify MARY 100	June 16, 1882	9. AGE (in years li Under 1 Year li Under 24 Hours last birthday) Months Days Hours Min.			
10	DA. USUAL OCCUPATION (Give kind	of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 12. CITIZEN OF WHAT COUNTRY			
	Supte Relief working life even if retire Insurance & Savings	Railroad	Scotland	WHAT COUNTRY			
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME			
	Hugh G. Kennedy		Elizabeth Mac	Lean			
1 ! (Y	5. WAS DECEASED EVER IN U. S. ARM	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS Pkwv			
'n		, and a second in the	449 Mr. Frank	Ellis - 100 W. University			
RTIFICATION	(This does not mean the mode heart failure, asthonia, etc. It me injury or complication which ANTECEDENT CALL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I	caused death.) OUE TO  USES  IF ANY, GIVING (B)	rocary 4				
믱	TRIBUTING TO THE OEATH, BUT						
1	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?			
DICAL				YES NO L			
MEDI	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH			If in Baltimore City, give exact location)			
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from 1939, to 8 2, 1950, that deceased alive on 3-2, 1950, and that death occurred at 10 3 mi, from the causes and on the day						
	23A. SIGNATORE  23B. ADDRESS  ON COUNT						
	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)		ERY OR CREMATORY 240. L	OCATION (City, town, or county) (State)			
	OCAL DECICTRAD	Druid Ridgers Signature	25 FUNERAL DIRECTOR	esville. Md. ADDRESS July			
	AUU 1 1000 VS 150	450	507 16	94a Ma			



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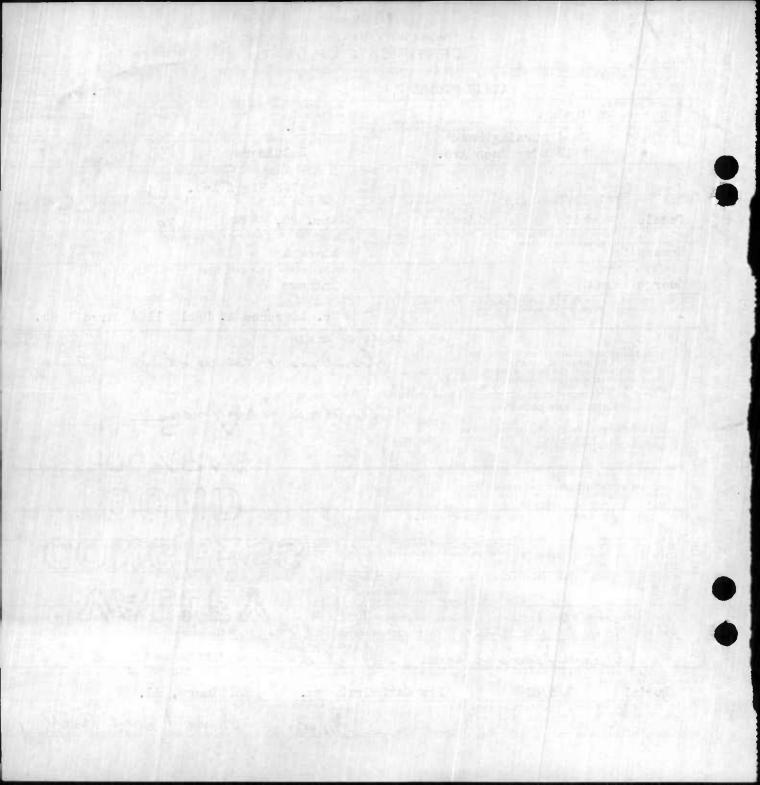
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. I. NAME OF DECEASED 2. DATE (Type or Print) ANNIE PICARD OF Aug. 2, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Hood Nursing Home location) Md. B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 5313 Edmondson Ave. Baltimore township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2733 Riggs Ave. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under I Year information should of death clearly an WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. female white widowed Apr. 28, /880 IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Alabama 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Harms Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. em of in Mr. Lawrence A. Deel 1164 Carroll St. Every item write the cau INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebrae Humorika Certeris Johnson LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING FICATIO RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING 1 Physicians: pl UNDERLYING CONDITION LAST. (C) .. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY mportant. DICAL YFS NO 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 19 Shat I last saw the 7-1-50 19 22. I hereby certify that I attended the deceased from. 1950 and that death occurred at\_ deceased alive on 8-9 m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23C DATE SIGNED PLEASE WR 24A. BURIAY, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial  $\sqrt{5}$ New Cathedral Cem. Baltimore. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAM

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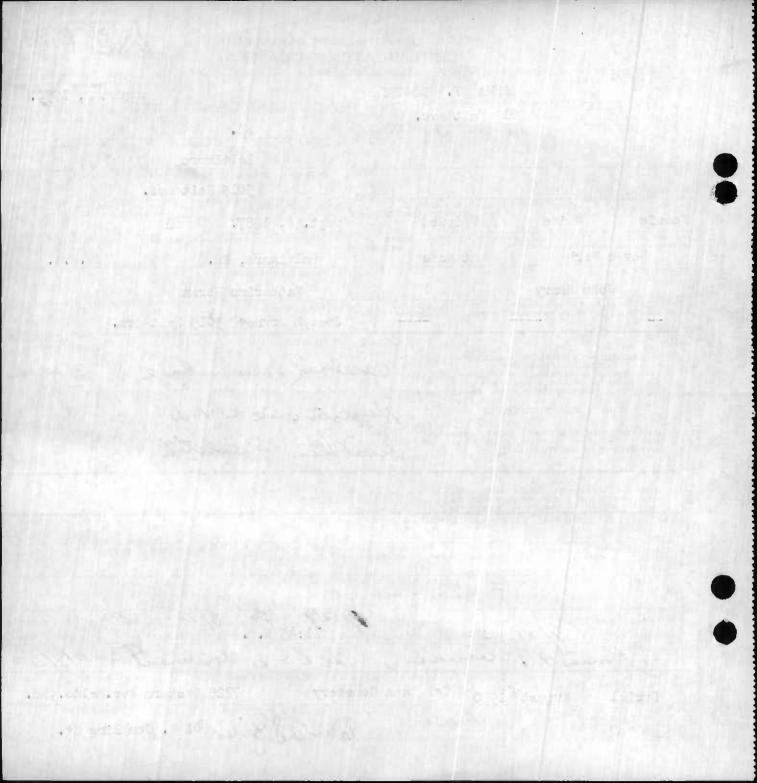


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istered	No	

BALTIMORE CITY HEALTH DEPARTMENT Registerea CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ANNA DOWNEY OF DEATH august 2, 1950. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland 3013 Fait Ave. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3013 Fait Ave. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 5. SEX 6. COLOR OR RACE 9. AGE (In years I Under 1 Year I Under 24 Hours last birthday) Months Days Hours Min. 8. DATE OF BIRTH Female White Sept. 4, 1887. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House Work At Home Baltimore, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Henry Katherine Horan 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Joseph Downey 3013 Fait Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH 60 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ē RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL NO C O 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 1950that I last saw the 22. I hereby eertify that I attended the deceased from. 27, 1950 and that death occurred at deceased alive on\_ A. Moom the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Oak Lawn Cemetery 7225 Eastern Ave. Balto. Md. Burial August DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAT 901 S. Conkling St.

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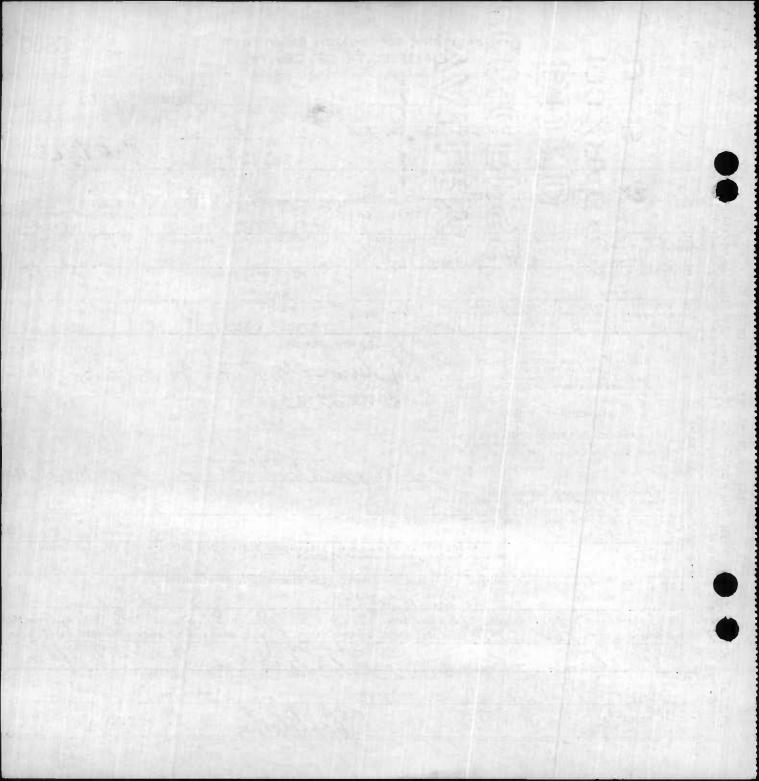
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6800

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BIRTH NO.							
I. NAME OF DI					2. DATE OF		
	HATTIE	GRAY			DEATH 8	3/3/50	
	City, Maryland			A. STATE	E (Where deceased lived, B. COUNTY	If institution: residence before admission)	
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	C. CITY OR TOWN		mits, write RUPAL and give township)	
0.0=	1514 Madi	son Ar	ve.	Baltin	ore	7-0	
c Length of s	tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS			
5. SEX	6. COLOR OR RACE	5yrs	Days Days	8. DATE OF BIRTH	Madison Av	If Under 1 Year   If Under 24 Hours	
F	C	Widow	ED, DIVORCED (Specify)	10/18/1887		Months Days Hours Min.	
	CUPATION (Givekind of	10a KINE	OF BUSINESS OR	II. BIRTHPLACE (State	The state of the s	1 12. CITIZEN OF	
work done during most o	f working life, even if retired)	753-0	INDUSTRY		or rough country)	WHAT COUNTRY?	
Seamstre 13. FATHER'S N	SELA	Dre:	ssmaking	Va.	NINAME	I U.S.A.	
				14. MOTHER'S MAIDE	IN INDIME		
Hen	ry Hedge			Mary			
(Yes, no or unknown)	D EVER IN U.S. ARMET (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	No		None	Gertrude Joh	nson(D)1514	Madison Av	
18. 4	A 0		CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEAS							
	LEADING TO DEA	TH	(1. les	inschut	- Hear	A Am. 19.00	
	not mean the mode ore, asthenia, etc. It mes			woo ow a	-c /year	parc. 1130	
injury or	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUS	SES	D-07	ane			
Z			(B)	***************************************			
RISE TO T	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
0			200	1-1.1.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
ш.	11		(C) // A	Combilion	<u></u>	March 185	
TRIBUTING	SIGNIFICANT COND	NOT RELAT	ED .				
	F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?	
31	or Entation of	05. 117.0011		TATION .		YES NO	
	NT, SUICIDE,	21B. PL	CE OF INJURY (e.g.,	in or   21c. WHERE DID	(If in Baltimore Cit;	y, give exact location)	
ш	(Specify)	about home,	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
5	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?		
OF INJURY	, , , , , , , , , , , , , , , , , , , ,		WHILE AT NOT WHILE				
		m.	WORK AT WORK		0		
22. I hereb	22. I hereby certify that I attended the deceased from 3-10, to 8-3, 195						
deceased a	14/-		and that death occu	rred at 6 Pm., fre		the date stated above.	
23A. SIGNA	11.	arne		38 ADDRESS HIN	re St	BY DATE SIGNED	
24A. BURIAL.	CREMA- 24B. DATE		24C. NAME OF CEMETE	ERY OR CREMATORY   24	LOCATION (City, to	wn, or county) (State)	
TION, REMOVAL (S	Specify)	50	Mt. Auburn			4d	
Burial DATE RECEIVE				5 UNERAL DIRECT		ADDRESS	
LOCAL REGIST	RAR			has Hloshy		rollton Ave	

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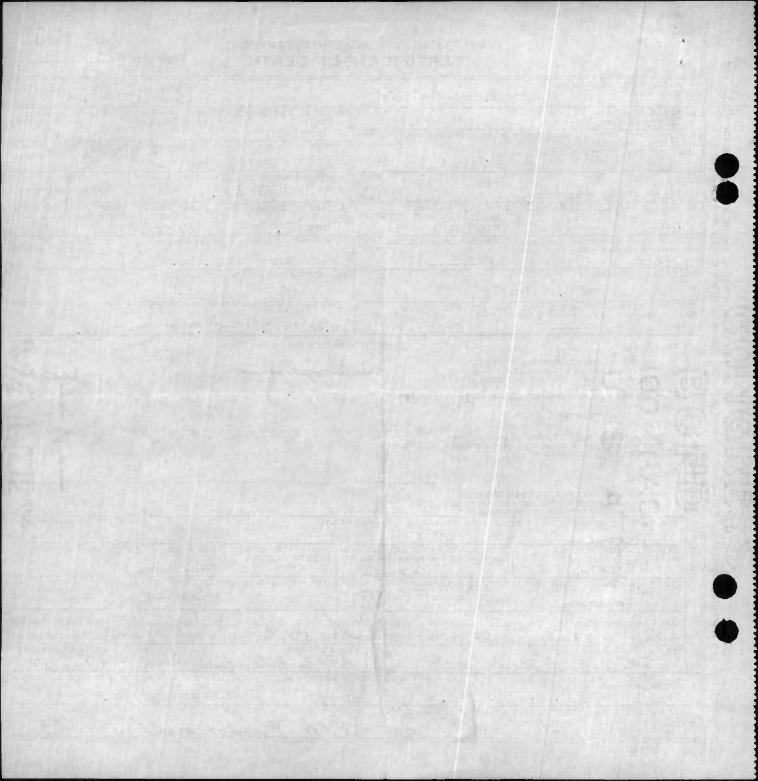
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9	U	000		CERTIFICAT	E OF DEATH	Registered N	0		
should be regib, y supplied. The	1.	NAME OF D		y Elizabeth Green		2. DATE OF Augus	t 3. 1950		
	B. HC	FULL NAME	EATH: City, Maryland OF (If not in hospit	al or institution, give street address	A. STATE Maryland	(Where deceased lived, If is B. COUNTY	nstitution : residence before admission		
	IN	ISTITUTION	3104 Savoy	Ave.	Baltimore	15	township		
	С.	Length of s	tay in Baltimore	Mos Day	3704 Serror As				
		emale	6.COLOR OR RACE White	7. SINGLE. MARRIED. WIDOWED, DIVORCED (Special Widowed	June 1/, 1863		Under I Year   If Under 24 Hours ths: Days   Hours   Min		
information shoul	work	None None	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	Baltimore Cour		12. CITIZEN OF WHAT COUNTRY		
ath c	13	FATHER'S			14. MOTHER'S MAIDEN NAME				
orn de	15		ndrew H. Hair		Katherine T				
of inf		e, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	security No.	17. INFORMANT ITS. Belle E. Kids		DRESS		
Every item of i		(This does	SE OR CONDITION LEADING TO DEA s not mean the mode of are, asthenia, etc. It mea complication which	DIRECTLY TH of dying, e.g., (A)	of DEATH		INTERVAL BETWEE		
INK.	CATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	(B) F ANY, GIVING STATING THE DUE TO					
UNFADING Physicians:	CERTIFI	TRIBUTIN	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
-	CAL	2	me !	98. MAJOR FINDINGS OF OPE			20. AUTOPSY?		
K, WITH	MEDICA	HOMICIDE	(Specify)	21B. PLACE OF INJURY (e. g. abont home, farm, factory, street, office bldg	s.,etc.) INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)		
LA cially		OF INJURY	(Month) (Day) (Year	MHILE AT NORK AT WORK	E	ner occur?			
RITA is esr			ture on 2 dug	tended the deceased from 12 _, 19.50 and that death occ	urred at 10.45 m., from 23B. ADDRESS	n the causes and on th	23c. DATE SIGNED		
PLEASE W	24 TIC	4A. BURIAL. ON, REMOVAL (S	CREMA- 24B. DATE	24c. NAME OF CEMENT 1950 Mt. Olive Cen		LOCATION (City, town, andallstown, No.			
PLE		ATE RECEIVE		S SIGNATURE	EM Lam	R 3.451	ADDRESS 10 Liberty		

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

6802 50

Registered No.

-	1. NAME OF DECEASED (Type or Print)	2. DATE	0.000			
lied	3. PLACE OF DEATH:	eure, Lefevia )   OF Aug.	2-1950			
supplied	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location)	A STATE B. COUNTY	before admission)			
Illy y.	HOSPITAL OR Baltimore City Hospitals location) 4940 Eastern Ave.	C. CITY OR TOWN (If outside corporate lights, write RORAL and give bownship)				
legilor	c. Length of stay in Baltimore  Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location) 3301 Southern Ave. zone 14				
should arrly and	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)  Married.	S. DATE OF BIRTH  Jan. 24–1880  9. AGE (in years last birthday) 70  Month				
on shou clearly	10A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) 12 Maryland	CITIZEN OF WHAT COUNTRY?			
information s of death cle	William Lefeure (Lefevre)	14. MOTHER'S MAIDEN NAME Mary Hammond	A. D. H.			
of info	15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Records: 4940 Eastern Ave.	RESS			
Every item of a	18. 4 20 , 0 CAUSE OF	OF DEATH Sensive arteriosclerotic heart	INTERVAL BETWEEN ONSET AND DEATH			
r INK.	ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Dr. Wm. G. Helfrich  Wolfen Voortige  OR ASST. MEDICAL EXAMINER.	). D.			
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	fractures, right carpal bones				
н.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	YES NO			
Y, WITI			exact location)			
an	OF INJURY 7-24-1950- 3.30All WHILE AT NOT WHILE ME WORK					
P	22. I hereby certify that I attended the deceased from 9-1 deceased alive on 8-2-, 19 50 and that death occur	7- , 19,46 to 8-2- , 1950, the tred at 11.15m., from the causes and on the causes are series.	hat I last saw the late stated above.			
WR.	23A. SIGNATURE S. Clogese M.D.		8-2-1950			
PLEASE correct ag	BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 24C. NAME OF CEMETE 24C. NAME OF CEMETE	Ballo n	rd			
PLI	LOCAL REGISTRAR ALIG 4 - 1950	25. FUNER - S305 Har	Lord Rd			
	vs 150 TO BE APPROVED BY THE MEDICAL 290	63 THER	186a			

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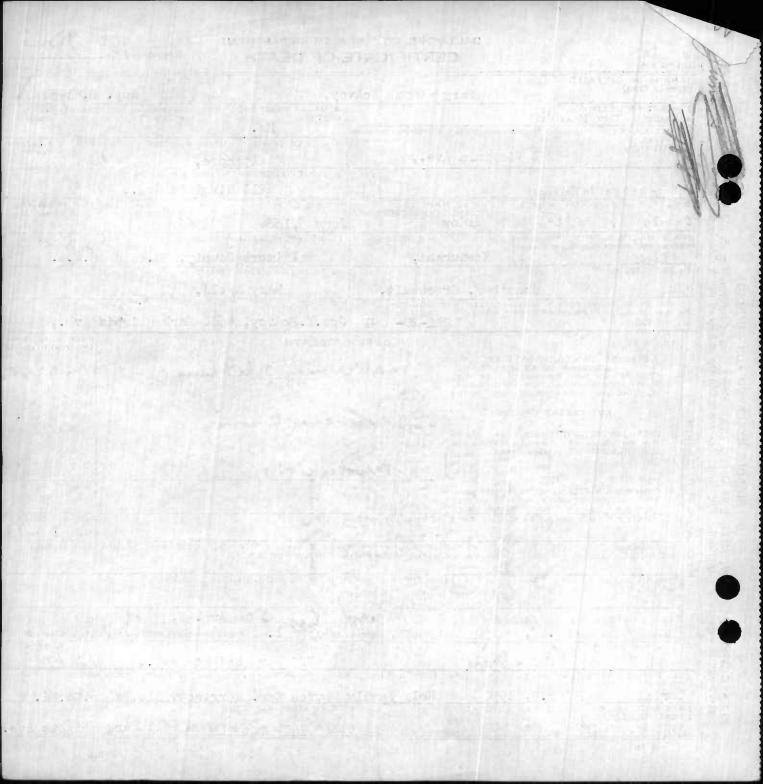
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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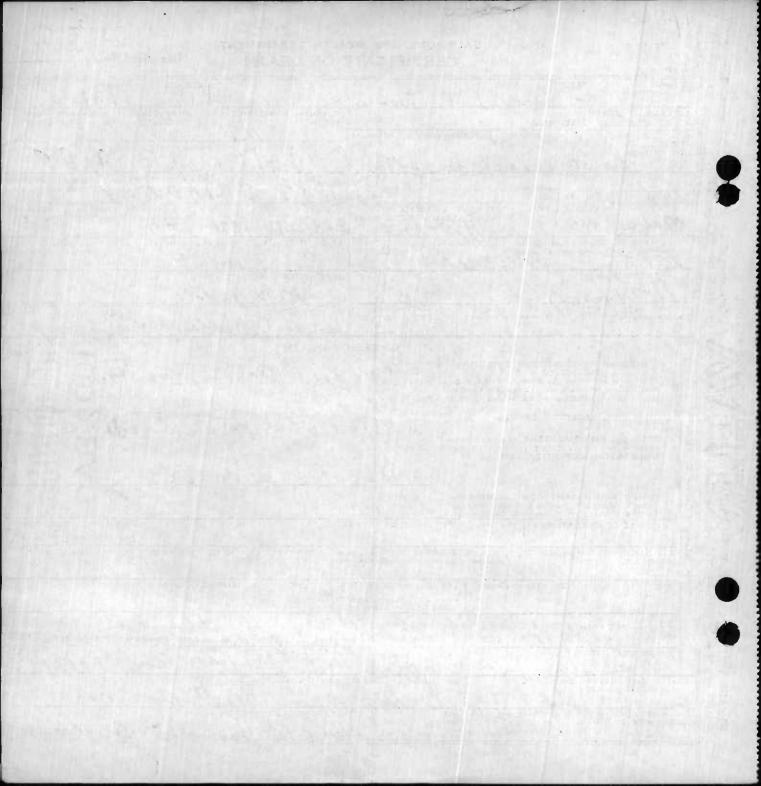
BIRTH NO.				
1. NAME OF DECEASED (Type or Print) Mary Emma McAvoy,	2. DATE OF Aug. 2, 1950			
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR INSTITUTION  ZOLI WARRESIDENCE  A. USUAL RESIDENCE  A. USUAL RESIDENCE  A. CITY OR TOWN	a. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission Md. C. CITY OR TOWN (If outside corporate limits, write RUBAL and general country townships)			
Yrs. D. STREET ADDRESS	imore, 2 1 5 community of the community			
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   8. DATE OF BIRTH WIDOWED, DIVORCED (Specify)   June 5, 1884	9. AGE (In years Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Cook  10B. KIND OF BUSINESS OR INDUSTRY  Resaurant,  Baltimore				
	Egold,			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. 212-20-7091  17. INFORMANT JOB .E. McAvoy,	4618 Park Heights Ave.,			
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	INTERVAL BETWEEN ONSET AND DEATH			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in or linguage) about home, farm, factory, etreet, office bidg., etc.)    Comparison of the compariso				
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID IN OF INJURY m. WHILE AT NOT WHILE AT WORK	SAUDOO VAUEN			
deceased alive on Aug. 2, , 1950, and that death occurred at P.m., fr	to Aug. 2, , 1950, that I last saw th rom the causes and on the date stated above			
238, SIGNATURE 338, ADDRESS  H. Z. BURIAL, CREMA- 248, DATE 246, NAME OF CEMETERY OF CREMATORY 2	Heights Ave, 8/2 /50  (Ab. LOCATION (City, town, or county) (State)			
burial Aug. 5, 1950 Holy Family Church Cem. I DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE 25, FUMERAL DIRECT	Harrisonville, Balto Co Md			
VS 150  VS 150  VS 150	mmm.4611 Park Heights Ave			



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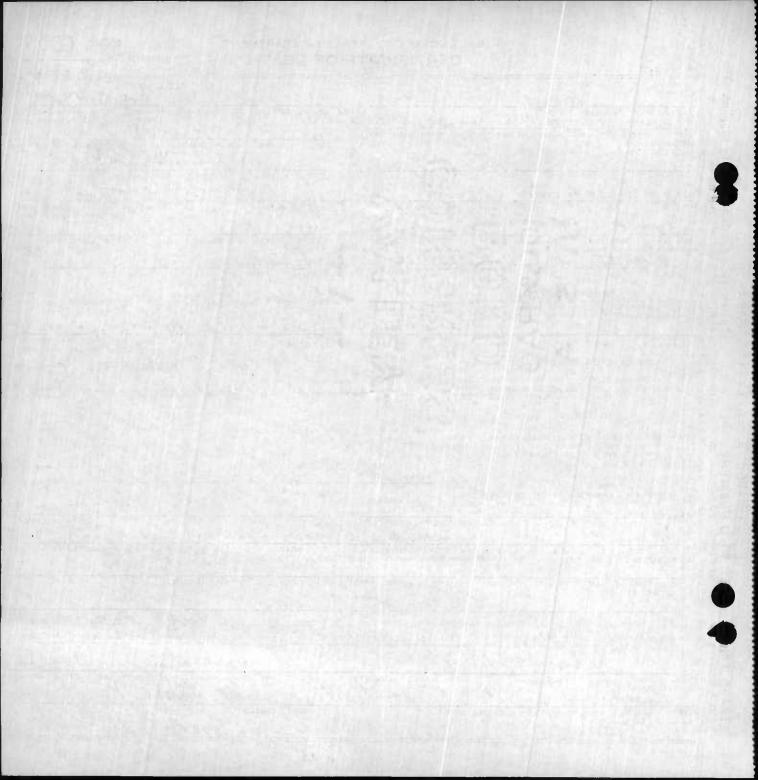
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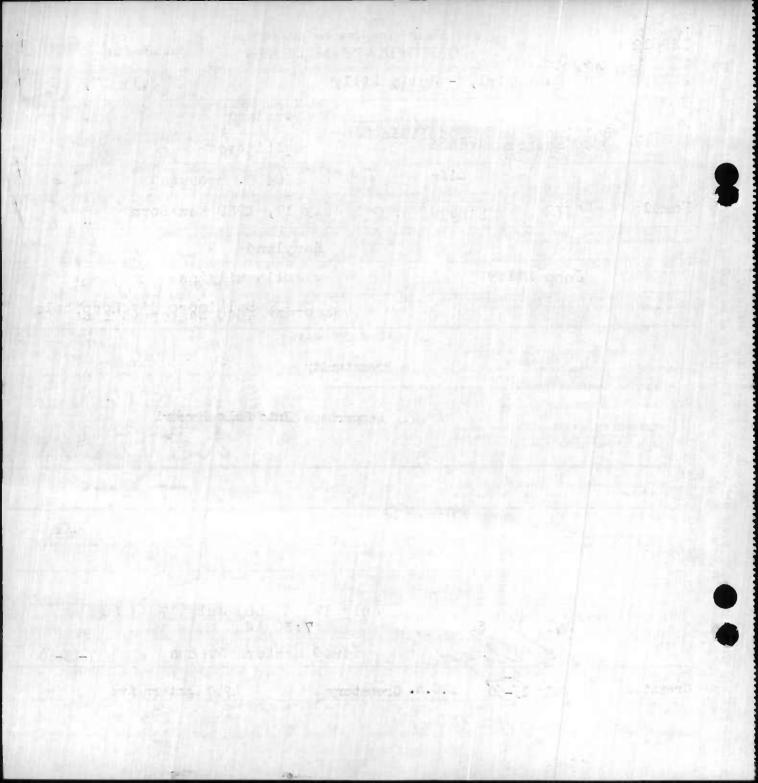
	680	1		ВА	LTIMOF	RE CITY HI	EALTH DEPAR	TMENT			OOO.E
	BIRTH NO.	7.			CER	TIFICAT	E OF DEAT	ГН	Register	red No	
=	1. NAME ( (Type or Pr		Y. Saw	ue l	Τ.	Thaw	104 50		2. DATE OF DEATH	8/3	150
	3. PLACE O						4. USUAL RESI	DENCE (Who			tution: residence before admission
	B. FULL NO HOSPITAL INSTITUTION	OR ON ,			tion, give	street address or location)	c. CITY OR TOW	N (If ou	atside corporate	limits, wr	ite RURAL and give
-	41	Sain	Tos	aph	1403	PI   d   Yrs.	D. STREET ADD	RESS (If ru	ral, give location	(n)	
	c. Length	of stay in	Baltimore			Mos. Days	1607	BRO	ADW	AY	
	Mal-		I hox e		E. MARR	ORCED (Specify)	2 PRIL 14	-1871	9. AGE (In year last birthday	rs K Under ) Months	Days Hours Min.
	vork done during	L OCCUPATION OF RED	TION (Givekindo	ICE A	DOFBU	SINESS OR INDUSTRY	11. BIRTHPLACE	(State or fore	eign country)		CITIZEN OF WHAT COUNTRY
	13. FATHE	R'S NAME					14. MOTHER'S M	AIDEN NAM	1E		
	15 WAS DE	MAS	R IN U, S. ARME	B 5000500	1 10 00	2000	NOTI	KNOV	VN.		
	(Yes, no or unk	nown) (If y	res, give war or dat	tes of service)	16. SC SE	CURITY NO.	Jamul. T.	THaw	lus In!	607 Bion	Monay
	18.	422	1			CAUSE	OF DEATH		1		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY											
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)									)	
		ANTE	CEDENT CAU	SES		ATT.	Tin Sel	T.	: 1.	- 1	
- 11	RISE	TO THE AB	CONDITIONS, OVE CAUSE (A CONDITION 1	) STATING	ING THE DU	(B)				7.0.1.0	
	F					Vas C	0/27 D	1503	5-6		
	E OTH		II FICANT CONT THE DEATH, BUT		on-						
	U TO T	HE DISEASE	OR CONDITIO	N CAUSING	IT	NGS OF OPER	PATION				20. AUTOPSY?
	O 314 AC	01 011	NA ITON	138. 117301		105 01 01 21	CATION .				YES NO
	HOMIC	CIDENT, S IDE (Spe	UICIDE.	21B. Pl. about home	ACE OF	INJURY (e. g., i y,street,office bldg.,	n or 21c. WHERE etc.) INJURY OCC		in Baltimore (	City, give	exact location)
	2 1D. TI		) (Day) (Year	r) (Hour)	21E. IN.	JURY OCCURR	ED 21F. HOW D	D INJURY	OCCUR?		
	OF 1145	OK I		m.	WHILE AT	NOT WHILE					
	22. I h	ereby cert	tify that I at	ttended th	e deceas	ed from 8	3/50 ,19	, to	5/3	19.50 th	at I last saw th
1		ed alive or	n 1/3	, 1950	, and the		rred at 1	n., from the	causes and		
	23A. SI	ENATURE	eus.	Sair	ins	/-	SA. ADDRESS	neph	3 /da	4 23	SIS SIGNED
0	24A. BURI	AL, CREMA	24B. DATE				RY OR CREMATOR	Y 240. LO	CATION (City,	town, or ec	ounty) (State)
	Bur	il	aug 7	-1950	19	allem	nl		hmore	m	
	DATE REC		REGISTRAF	R'S SIGNAT	161		25. FUNERAL D	RECTOR	1/ 50	1	DRESS



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			MARGIN RESERVED FOR BINDING	RESER	SVED	FOR	BIN	DING	rk							
P.L.	LY, WI	TH	PL. CY, WITH UNFADING INK. Every item of information should by Illy supplied. The	INK.	Ever	y iter	n of	inforn	nation	shou	ld bi		1113	supplied.	The	V
cian	Importan	nt.	cial, important. Physicians: please write the causes of death clearly and Tegley.	please	write	the c	auses	of de	ath cl	learly	and	TO STATE	3.		1	V

N-	- 1	424			
5	BI	6805 RTH NO.  BALTIMORE CITY HE CERTIFICATI		Registered No.	6805
. 1		NAME OF DECEASED of Print) Cenna Kate Welslager		DATE OF Aug 3	11950
supplied	A.	PLACE OF DEATH: Baltimore City, Maryland 4203 Amigdale Me	4. USUAL RESIDENCE (Where		tion: residence before admission)
information should be and regions.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		c. CITY OR TOWN (If Juts	side corporate limits, with	e it HuAl, and give
	4	Life Yrs.		l, give/location)	
	-	Length of stay in Baltimore  Mos. Days  6.COLOR/OR RACE   7. SINGLE, MARRIED.	# 20 3 Mmm	AGE (In years) If linder I	Year   If Under 24 Hours
		Temale White WIDOWED DIVORCED (Specify)	July 18/1885	last birthday) Months I	
		A. USUAL OCCUPATION (Give kind of the double	11. BIRTHPLACE (State or foreig		ITIZEN OF HAT COUNTRY
	13	GEORGE A Melslages	14. MOTHER'S MAIDEN NAME	mg.	
	15 (Yes	S. WAS DECEASED (VER IN U. S. ARMED FORCES)  s. no or unknown) (If yes, give war or dates of service)   16. SOCIAL   SECURITY NO.   2/J-/Z-/J03	17. INFORMANT Bond	Mordine	ton Road
Every item of i		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE  (A)	of DEATH	//	NET AND DEATH
INK. please	CATION	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
or, WITH	ERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED			
	7	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER			20. AUTOPSY?
	EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY) (e.g., i ebout home, farm, fectory, street, office bldg., c		Baltimore City, give ex	yes No act location)
	M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE		CCUR?	
		22. I hereby certify that I attended the deceased from 12.	July 1950 to 3 a	Eug., 1950, tha	t I last saw the
		deceased alive on 2 dug., 1950, and that death occur	red at 11 43 Pm., from the c	causes and on the day	te stated above
PLEASE WRI		Jours E. Wick M. D.   44. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETE	970 At Jaul RY OR CREMATORY 240. LOCA	ATION (City, town, or cou	aug : 50 inty) / (State)
EAS	-	ON. REMOVAL (Specify) Aug 7/1950 Loudon	Wark DEFECTOR	Talto hud	RESS
PL	71	ATE RECEIVED BY REGISTRAR'S SIGNATURE  OCAL REGISTRAR  The state of th	Manne Syfer 160	o It. Horthe	ine
		vs 150	eew "		+6E





A -	16	00		V	-0
d. The	50 BI	621	TE OF DEATH	Registered No	00 6807
		NAME OF DECEASED Baby Quel Ur	en	2. DATE OF DEATH	14,900
ully supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	A. USUAL RESIDENCE (WA. STATE	here deceased lived. If ins	stitution: residence before admission)
fully s	H	SPITAL OR STITUTION JOHRS ROPKINS HOSPITA		outside corporate limits,	write RURAL and give township)
40	9	Yrs. Mos. Days	11/009	rural, give location)	Pd
and	-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH		der I Year I Under 24 Hours hs Days Hours Min.
on should clearly a	1C worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  INDUSTR	1 U BIRTHPLACE (State or fo	reign country)   12	2. CITIZEN OF WHAT COUNTRY?
VDING information of death cl	13	FATHER'S NAME	14 MOTHER'S MAIDEN NA	AME D. R.D.	1
BINDIN of infor	J.	WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT		PRESS
		100.0	OF DEATH	NS MOSPING V	INTERVAL BETWEEN ONSET AND DEATH
F 5		heart failure, asthenia, etc. It means the disease.	UTRACRANIAL	HEMORRHA	E
RESERVED INK. Ever please write		injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	8 TA AT 1 A TV		
RESI INK pleas	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	REMATURITY		
MARGIN NFADING	FICA	(C)			
MARGIN UNFADIN Physicians	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.			
-	AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
_ 0	EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH		f in Baltimore City, give	e exact location)
ILY,	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE	E	OCCUR?	
PLEASE WRI correct age is especial		22. I hereby certify that I attended the deceased from	/3/ 10, 1950, to 8		that I last saw the
		deceased alive on \$ 4 , 1950. and that death occurs of the second of the		Varilla:	aate stated above.  23c. DATE SIGNED
	24 TIC	A BURIAL, CREMA-124B. DATE 246, NAME OF GEMET	ERY OR CREMATORY 240. LC	CATION (City, town, or	
PLE		TE RECEIVED BY REGISTRANS SIGNATURE CAL REGISTRAR	28. FUNERAL DIRECTOR	A W	DDRESS)
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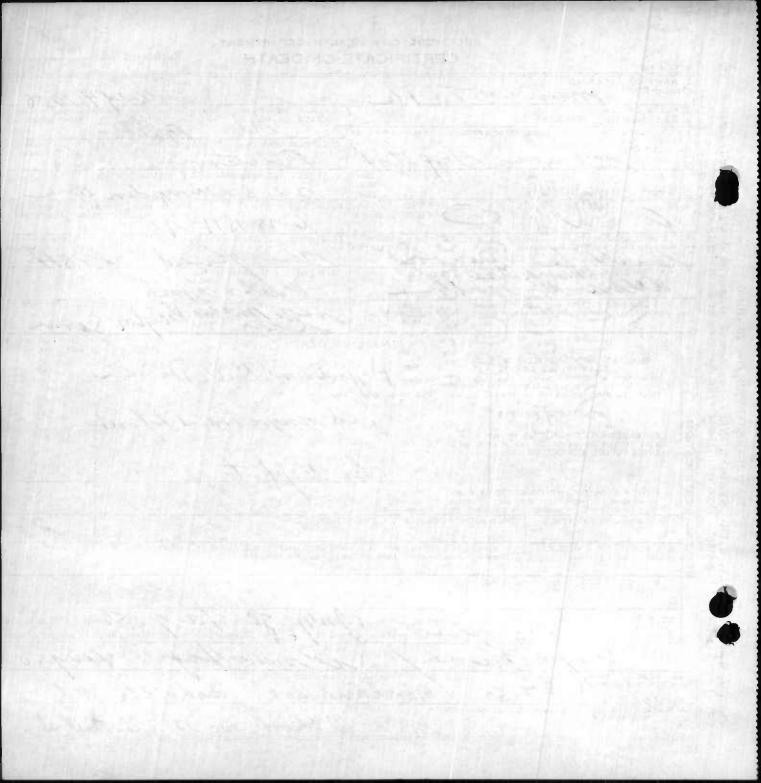
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BALTIMORE CITY HEALTH DEPARTMENT

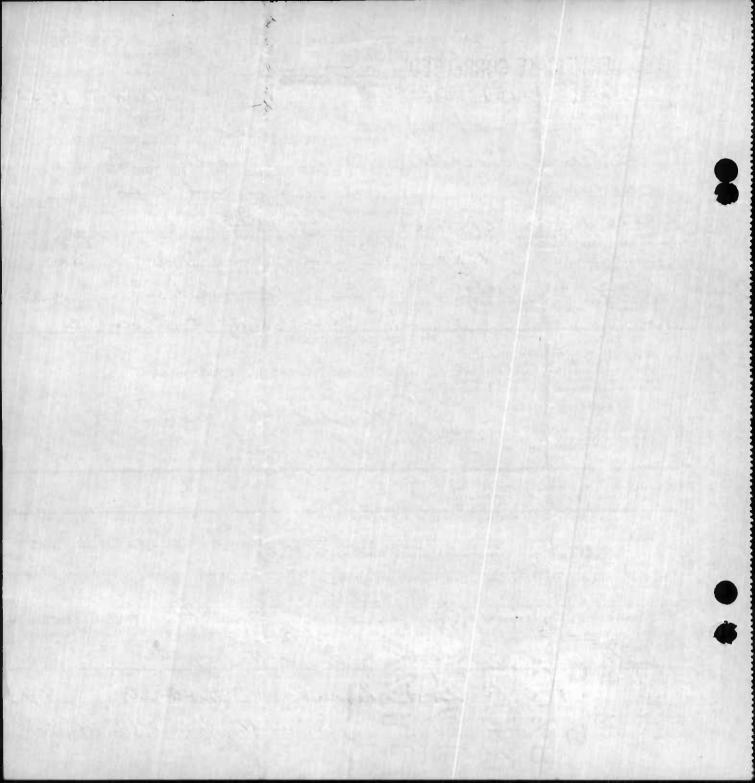
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I B	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF DECEASED	ola Tritle.		2. DATE OF	26 11 -
	PLACE OF DEATH: Baltimore City, Maryland	- MITAL	4. USUAL RESIDENCE (W)	here deceased lived, 1 inst	tution: residence before admission)
B. H		spital or institution, give street address or location)	C. CITY OR TOWN (If o	outside corporate limits, w	rite RURAL and give township)
C.	Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)	ane
5.	6. COLOR OR RAC	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	6-28-187	9. AGE (In years last birthday) Months	r I Yest H Under 24 Hours S Days Hours Min.
10 wor	DA. USUAL OCCUPATION (Give kin k done during most of working life, even if retir	dof 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME GWORD	Stout Eagle	14. MOTHER'S MAIDEN NA	Kunch	
15 (Ye	5. WAS DECEASED EVER IN U.S. AR a, no or onknown) (If yes, give war or o	MED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT MILES	la Baylon	RESS
	DISEASE OR CONDITION LEADING TO D (This does not mean the mode heart failure, asthenia, etc. It in jury or complication white	ON DIRECTLY EATH de of dying, e.g., means the disease,	OF DEATH	1 Duran	INTERVAL BETWEEN ONSET AND DEATH
LIFICATION	ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	AUSES (B) (B) (A) STATING THE DUE TO	d myreson	ial Infoscit	
CERT	OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDIT	BUT NOT RELATED			
CAL	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		YES NO
EDI	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
Σ	210. TIME (Month) (Day) (Ye OF INJURY	ear) (Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE  MORK AT WORK		OCCUR?	
	deceased alive on Tenter of the Control of the Cont	(fuman) M.O.	fred at 6 pm., from the 23B. ADDRESS	nop &	date stated above.
	Buglal Species 248, DAT			akville	ORESS (State)
7		ar's SIGNATURE	25. FUNERAL DIRECTOR	A	bel st
	VS 150	6)			

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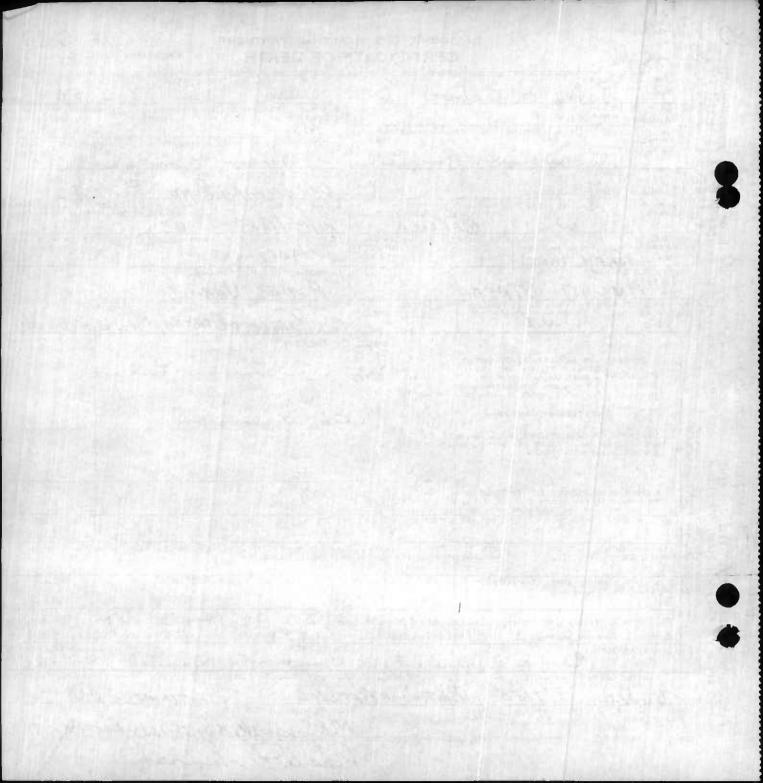


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The	BIRTH NO.	ERTIFICATE	CORRECT		E OF DEA	TH	Registered	No	0000
	1. NAME OF DE (Type or Print)	ANSUS	E) D	EITZ		, , , , , , , , , , , , , , , , , , ,	2. DATE OF DEATH QUE	93-	1950
illy supplied.	A. Baltimore C  B. FULL NAME CHOSPITAL OR	ity, Maryland	al or institution, giv	ve street address or location)	A. STATE	md.	ere deceased lived B. COUNTY	vand	pefore admission
- P	INSTITUTION	Egnes 1	Nospil	Tal.	c. CITY OR TO	Elico	atside corporate lin	lits, write	RURAL and giv township
I legibl	c. Length of st	ay in Baltimore	7. SINGLE, MAR	Yrs. Mos. Days	D. STREET AD	nuos	ral, give location)	- 6	3 0 0
ould y	Female	White CUPATION (Give kind of	SINC.	IVORCED (Specify)	10/27	12941	9. AGE (In years last birthday)	0 0 0	Hours Min
(DING information should of death clearly a	work done during most of	working life, even if retired)	NONE	INDUSTRY	Balto (	E (State or fore	Ind		HAT COUNTRY
NG ormat death	13. FATHER'S N	quet à	Dietz		14. MOTHER'S	Inni	e Dieta		
R BINDING em of inform causes of dea	(Yee, no or unknown)	EVER IN U.S. ARMEI (If yes, give war or date	a of services	SOCIAL SECURITY NO.	17. INFORMAN	Diets	Ellier	ADDRESS X-Cui	ty
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cau	Z DISEASES RISE TO THUNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of, asthenia, etc. It me, complication which of ANTECEDENT CAUS OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION LA	TH of dying, e. g., ns the disease, aused death.)  BES  F ANY, GIVING STATING THE LIST.	(A) Over	whelmin fection of whed a Carasm	y Toxa dehya	enio +	ONS	ET AND DEATH
	TRIBUTING TO THE DIS	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED	DINGS OF OPER	RATION				O. AUTOPSY?
LY, WITH important.	21A. ACCIDE LYING OR CAUSE OF I	INT WAS UNDER.		F INJURY (e. g., i tory, street, office bldg.,			in Baltimore City	YE	s No P
	Σ	Month) (Day) (Year)	(Hour) 21E. II WHILE A	NJURY OCCURR		OID INJURY	OCCUR?		
WRI PL	deceased ali	when It.	conded the deced ; 1950, and t	hat death occur		m., from the	causes and on	the date	I last saw the stated above DATE SIGNED
PLEASE WRI	24A. BURIAL, ETION, REMOVAL (ST. CALLE) DATE RECEIVED LOCAL REGISTE	8-5	50 Janature	She she	RY OR CREMATO	Elle DIRECTOR	Rom & Co	ADDRI	mil
	VS 150					Johnson		200	a



0 - 5	3	BALTIMORE CITY HEA  CERTIFICATE  CERTIFICATE	^-
ed. Th	1.	NAME OF DECEASED Type or Print) J. A. O'Tebou (JOSEP)	H OTREBA) 2. DATE OF DEATH 8-3-56
supplied.			4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
ns /	HO	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
y.	3	NSTITUTION University Hospital	Union Bridge township)
egibi		Mos.	D. STREET ADDRESS (If rural, give location)
d and I	-		B. DATE OF BIRTH  9. AGE (In years   It Under 24 Hours   Inches   Months   Days   Hours   Min.
	10	OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
	work	rk done during most of working life, even if retired)  INDUSTRY  ABORER (REC)	MARYLAND WHAT COUNTRY?
information of death cle	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
nforn of de	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	HGNES URBAN ADDRESS
of inforuses of c	(Yes	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MAS MARGARET OTREBA NEW WINDSON MD.
02		18. 434. 2 , CAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH
it c		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dending Friday
Every write the		(This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
22	7	ANTECEDENT CAUSES	io. U nlanonon
NG INK. s: please	CATION		
ADING icians:	RTIFIC	(C) ···	
MARGIN UNFADINC Physicians:	CERI	TRIBUTING TO THE DEATH, BUT NOT RELATED	
H	AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA	TION   20. AUTOPSY?
	EDIC		or 21c. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?
	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED  OF INJURY  m. while at work at work	21F. HOW DID INJURY OCCUR?
PL	and at 9 3 pm., from the causes and on the date stated above.		
		23A. SIGNATURE 23	B. ADDRESS
Se K	24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	Y OR CREMATORY 244. LOCATION (City, town, or county) (State)
ASI ect	TIC	ION, REMOVAL (Specify)	CONAL BALTIMAR MD
PLEASE correct ag		DATE RECEIVED BY   REGISTRAR'S SIGNATURE	A.F. CARRIED 'A C. C. 1846 FACTOR AND

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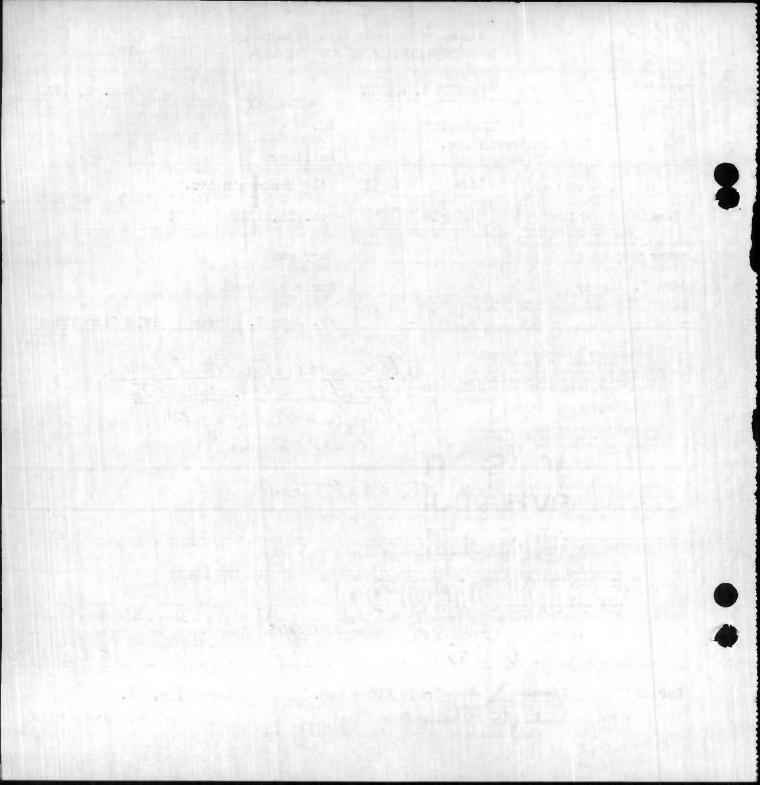


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E	BIRTH	I NO		

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

SO 6811 Registered No.

B	RTH NO.	E OF DEATH
1. (T	NAME OF DECEASED  'ype or Print')  FANNIE E. HISSEY	2. DATE OF DEATH Aug. 2, 1950
B.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR STITUTION 3313 Mondawmin Ave.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give
c.	Length of stay in Baltimore life Mos. Days	Baltimore  D. STREET ADDRESS (If rural, give location)  3313 Mondawmin Ave.
5.	female   6. COLOR OR RACE   7. SINGLE, MARRIED.   WIDOWED, DIVORCED (Specify)   Single   Single   Widowed   Single   Widowed	8. DATE OF BIRTH 9. AGE (In years of Under I Year Months Days Hours Min.
worl	A. USUAL OCCUPATION (Give kind of k doue during most of working life, evec if retired)  18 Ver worked	Maryland
	John T. Hissey	14. MOTHER'S MAIDEN NAME Annie R. Brown
15 (Ye	was Deceased ever in U.S. ARMED FORCES? s, no or uokoowo) (If yes, give wer or dates of service) SECURITY NO.	Mr. John T. Hissey 1719 Glen Ridge
RTIFICATION	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	LTD decomplisation Throelens ) Kidney
CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	rlenoschrosis
DICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
MEDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 6.6.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	etc.) INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK	
h	22. I hereby certify that I attended the deceased from 8 deceased alive on 8 deceased alive on 8 deceased. 19 D. and that death occur	rred at 1/10/m., from the causes and on the date stated above
2	Grald W. Minge M.D.	3 D9 Evergee We aug 3 1 900 Ery or CREMATORY 240 LOCATION (City, town, or counts) (State)
TIC	Burisi 248. DATE 246. NAME OF CEMETE BURISI 8/5/50 Druid Ridge ATE RECEIVED BY REGISTRAR'S SIGNATURE UCAL REGISTRAR COLOR REGI	
	VS 150	131a



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2  BI	54 681 RTH NO.	2		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered 1	50 6812 No
(T:	NAME OF E	BERTH	E DE	GUINHALL			GUST 3, 1950
B. HC	PLACE OF E Baltimore FULL NAME OSPITAL OR ISTITUTION	City, Maryland OF (If not in hospit		ion, give street address or location)	A. USUAL RESIDENCE (WA. STATE  MARYLA  C. CITY OR TOWN (If	B. COUNTY	institution; residence before admission ts, write RURAL and give township
1	Langth of	VNION MEI	NORIAL	Yrs. Mos.	BALTIM  D. STREET ADDRESS (If I	ural, give location)	40
5.	SEX F	6. COLOR OR RACE	WIDOW	Days  MARRIED,  ED, DIVORCED (Specify)	8. DATE OF BIRTH MARCH 23, 1863	9. AGE (In years)	Under 1 Year   If Under 24 Hours on the Days Hours Min.
work	done during most	CCUPATION (Give kind of of working life, even if retired)	108. KINE	O OF BUSINESS OR INDUSTRY	FRANCE  14. MOTHER'S MAIDEN NA	reign country)	12. CITIZEN OF WHAT COUNTRY FRANCE
	1	LONORE SED EVER IN U. S. ARMEI	SLL S	I 16. SOCIAL	Noemie	ASSETIN	
	e, no or nnknown			SECURITY NO.	YVONNE dEG.		SAME
CATION	ANTECEDENT CAUSES  (B)						
ERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED						
AL C		OF OPERATION		FINDINGS OF OPER	RATION		YES NO
MEDIC	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		f in Baltimore City,	give exact location)
	210. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	TO RECEIVE A CONTRACTOR OF THE	OCCUR?	
	22. I here deceased of	live on Chy 3		deceased from and that death occur			that I last saw the he date stated above
24 TIC	AA. BURIAL, ON, REMOVAL (	CREMA- Specify)		M. O. 24C. NAME OF CEMETE	Union memorial RY OR CREMATORY 240. LC	CATION (City, town	ang 3, 1950
	Burial ATE RECEIVE CAL REGIST AUG 5 -			Holy Redeem	25 FUNERAL DIRECTOR	bener Y	ADDRESSALLO:
	VS 150		di-				93) 114

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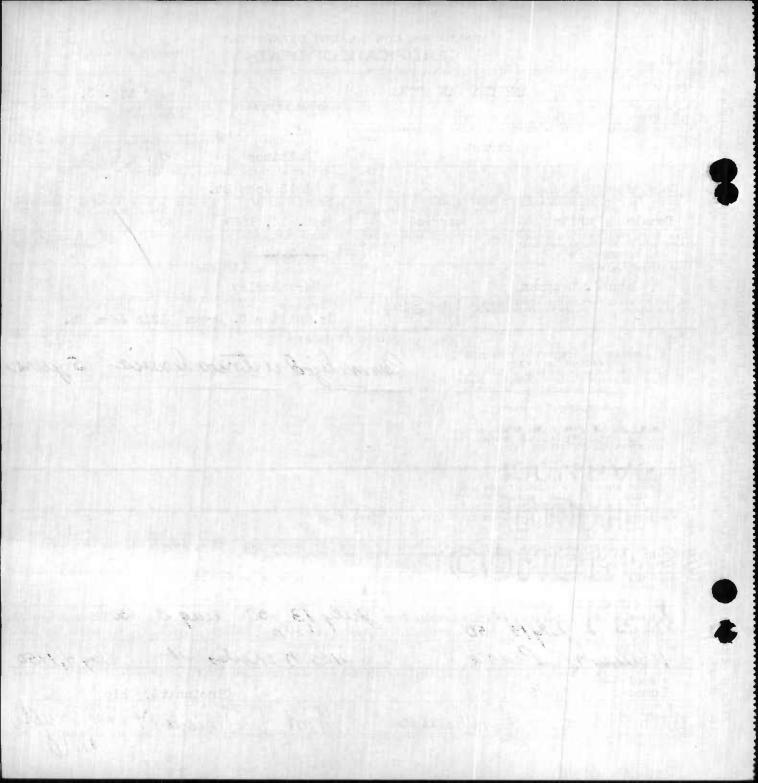
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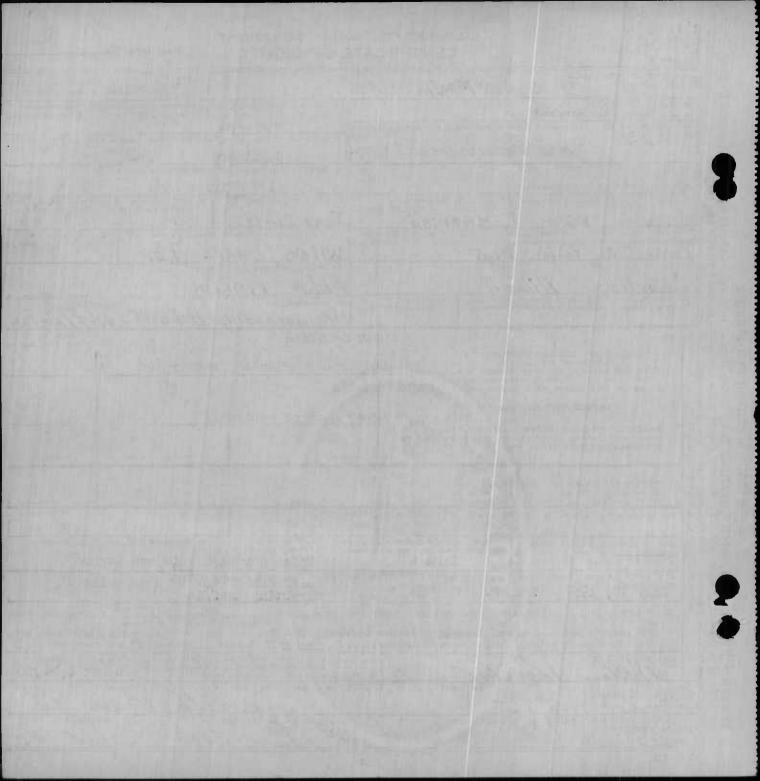
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE OF AMY CHAPMAN BROWN Aug. 3, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1313 John Street township) Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 1313 John St. Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) female white married Sept. 14, 1869 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife information of death cle -----13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John J. Chapman Mary Bodlev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. Walter C. Brown 1313 John St. INTERVAL BETWEEN CAUSE OF DEATH 0.0 ONSET AND DEATH ralized arteriosclerosis DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ū 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT CAL important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI about bnme, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from July 13, 1950 to aug 3, 1950, that I last saw the July 13, 19 50, and that death occurred at 1-30 pm., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 248. DATE 240. LOCATION (City, town, or county) Removal Cincinnati. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR mutualor/

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INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES X (If in Baltimore City, give exact location) Found at Lombard St. and W. Fallsway Autopsy, Inspection or Inquiry 238. CHIEF MEDICAL EXAMINER..... Autust 24D. LOCATION (City, town, or county) County, 721 Aisquith Street

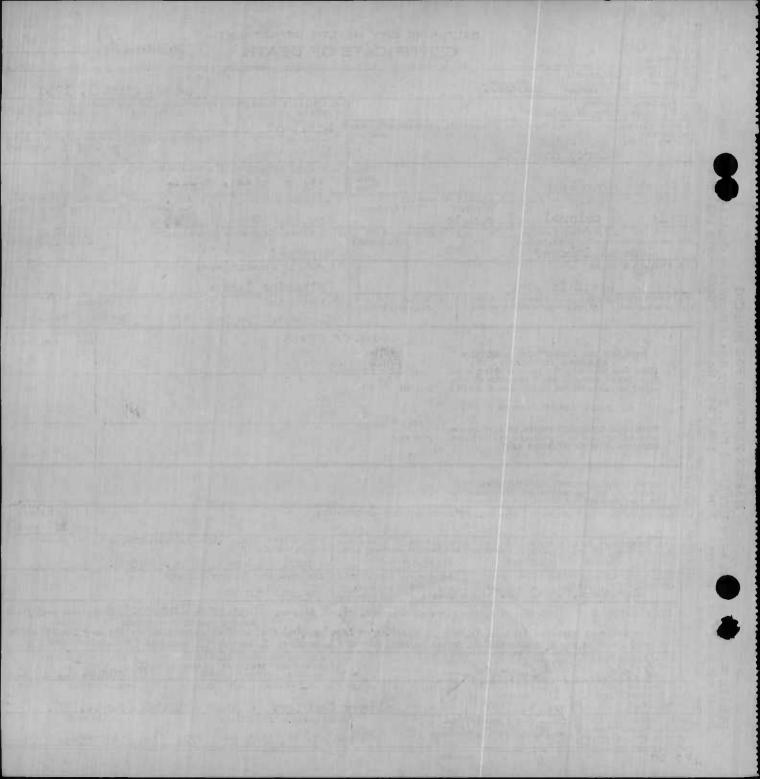
before admission)

If Under 24 Hours

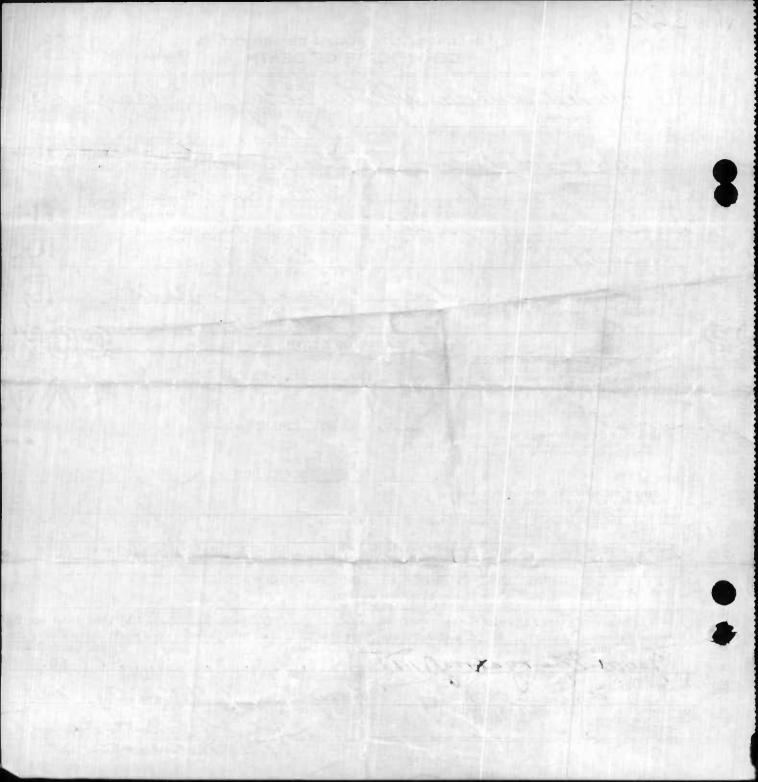
WHAT COUNTRY?

12. CITIZEN OF

ADDRESS



VI	1	360 Vo	dery	
The The	BI	5/3 110	TE OF DEATH Registered No	50 6816
supplied. T	(T	NAME OF DECEASED (Ype or Print)  PLACE OF DEATH: Baitimore City, Maryland	2. DATE OF DEATH  4. USUAL RESIDENCE (Where deceased lived. If it is a country become a constant of the country become a coun	3, 1950 stitution: residence before admission)
lly su	H	FULL NAME OF (If not in hospital or institution, give street address ospital or location and the street address location and t	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give lownship)
d K and regh	-	Length of stay in Baltimore  Length of stay in Baltimore  SEX  6.COLOR OR RACE  7.SINGLE, MARRIED, WIDOWED, DIVORCED (Special Control of the	8. B. DATE OF BIRTH 9. AGE (III years III)	nder I Yest   If Under 24 Hours ths: Days   Hours   Min.
shoul	worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTR		2. CITIZEN OF WHAT COUNTRY?
information of death cle	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	14. MOTHER'S MAIDEN NAME	DRESS
item of in	(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	E OF DEATH	INTERVAL BETWEEN
Every iten write the ca		DISEASE OR CONDITION DIRECTLY	Gerebral Hemmorhage	11 days
INK.	ATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Arterioscle rosis	unknown
UNFADING Physicians:	RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	Hypertension	unknown
hpd :	L CE	TRIBUTING TO THE DEATH, BUT NOT RELATED	ERATION	20. AUTOPSY?
LY, WITH mportant.	EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bld		ve exact location)
	Σ		K .	
Ir PL.		deceased alive on 7/22/, 19 50 and that death occased SIGNATURE		that I last saw the date stated above. 23c. DATE SIGNED
PLEASE WRI	2. TI	4A. BURIAL, CREMA- ON REMOVAL (Specify)  4B. DATE  26C. NAME OF CEME	401 E. 25th. St. Balto.Md.	8/5/50. (State)
PLEA	בם	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR  ALIG 5 - 1950 mutur grow militarity many many many many many many many man	25. FUNERAL DIRECTOR  Mus Oshub G. Eller V.	Daught
		VS 150	1,29 n. Carol	ine st.



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### BALTIMORE CITY HEALTH DEPARTMENT

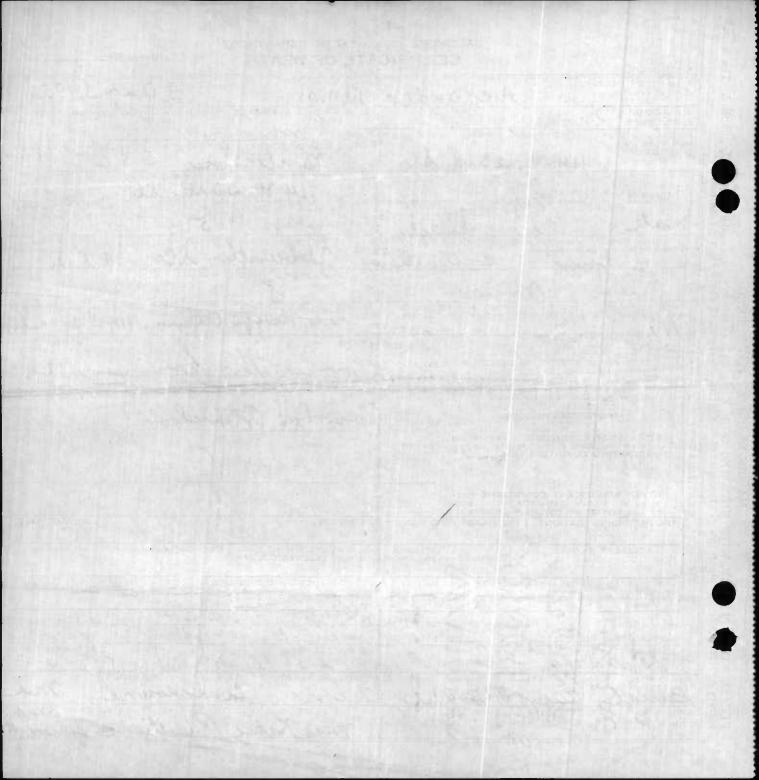
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he	ВІ	IRTH NO. CERTIFICATE	OF DEATH	Registered No.	
ed. T	1. (T	NAME OF DECEASED Alexander M	linor.	2. DATE OF Chig	.3,1950
supplied	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Who	ere deceased lived. If Yns B. COUNTY	titution : residence before admission
lly su	H	FULL NAME OF (If not in hospital or institution, give street address or location)  NSTITUTION  114-W. 23 rd. St.	C. CITY OR TOWN (If our Baltimore	utside corporate limits,	write RUBAL a) d give toy nship
regit	c.		D. STREET ADDRESS (If run	ral, give location)	
uld y and	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	family 5, 1893.		dsi I Yesi H Under 24 Hours hs Days Hours Min.
on should clearly ar	10 work	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Contraction	11. BIRTHPLACE (State or fore	S.C.	CITIZEN OF WHAT COUNTRY
information of death cl	13		14. MOTHER'S MAIDEN NAM	1E	
of info	15 (Yei	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ms. maggi a		W.23M. Lt
INK. Every item of it	TION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	your Throm	brus ulvus	INTERVAL BETWEET ONSET AND DEATH
UNFADING Physicians:	CERTIFICA				
1-1	AL	19A. DATE OF OPERATION O 19B. MAJOR FINDINGS OF OPERA	TION		20. AUTOPSY?
LY, WITE mportant.	EDIC	21A, ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., etc.		in Baltimore City, giv	e exact location)
	Z	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRET WHILE AT NOT WHILE AT WORK AT WORK			
PL		22. I hereby certify that I attended the deceased from deceased alive on 8- /- 50, 19 and that death occurry	ged at / P: m., from the		date stated above
E WR	2	Mayry L belown, M.D.	238 N. Car	GATION (City, town, or	23c. DATE SIGNED
PLEASE	0	Burial august 5,140 mt, 2	ion fan	dedoune	ml ADDRESS 322N
PL		OCAL REGISTRAR	Me Kakie ()	P. Williams	- Schroede

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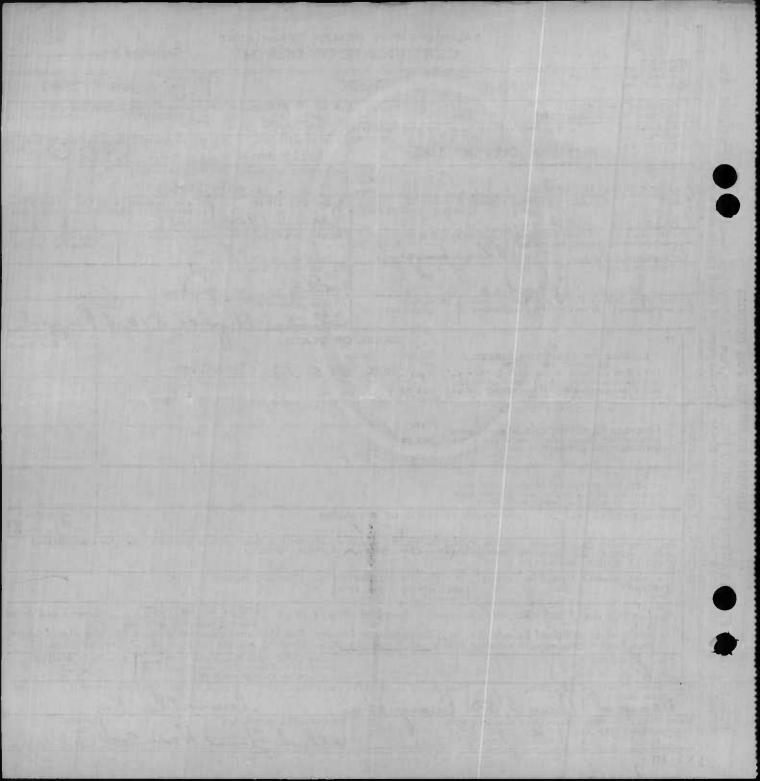
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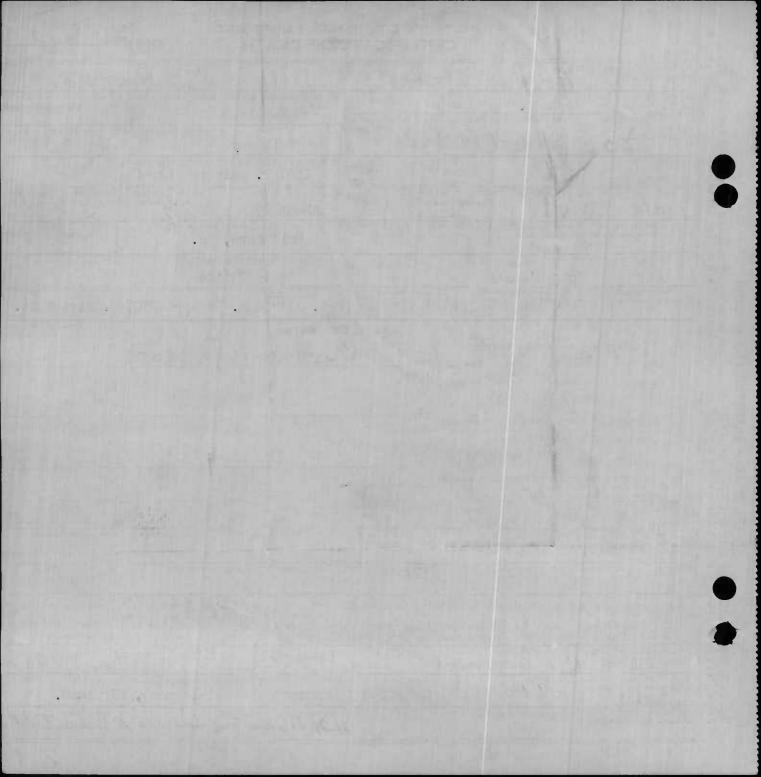
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Registered No. August 4, 1950 B. COUNTY before admission) (If outside corporate limits, write RULAL and give township) If Under 1 Year last birthday) | Months: Days | Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS 20. AUTOPSYT (If in Baltimore City, give exact location) thereon and from 23c. DATE SIGNED 8-5-50 240. LOCATION (City, town, or county)



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UNFADING INK. Ev	Physicians:
Y, WITH	portant.

1. (T:	NAME OF DECEASED HTTHUT C/E MENT	O'Neill 2. DATE OF Fraguets, 195		
Α.	Baltimore City, Maryland	A. STATE  A. STATE  A. STATE  Maryland  B. COUNTY  B. C		
HO	FULL NAME OF Of not in hospital or institution, give street address or ocspital OR location)  STITUTION 507 M. Cal beat St.			
C.	Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)		
	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH   9. AGE (In years   If Under 1 Year   If Under 24 Ho		
10 rork	A. USUAL OCCUPATION (Give kind of to done during most of working life, even if retired)  None  UNIX NOW N	11. BIRTHPLACE (State or foreign country)  Bal timore, Md.  12. CITIZEN OF WHAT COUNTRY		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
1-	John C'Neill	Annie Tuttle		
	(If yes, give war or dates of service)  (If yes, give war or dates of service)  (If yes, give war or dates of service)	Mrs. Alfred D. Bernard 2507 N. Calvert St.		
	heart failure, asthenia, etc. It means the disease,	COTONARY Disease		
RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUGES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	SC TONGRY PISEBLE		
CATI	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON-	RATION 20. AUTOPSY?		
ERTIFICATI	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUGES  ANTECEDENT CAUGES  (B)	RATION 20. AUTOPSY? YES NO in or 21C. WHERE DID (If in Baltimore City, give exact location)		
DICAL CERTIFICATI	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUGES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OFERATION 19B. MAJOR FINDINGS OF OFER PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bidg., contribution of the property of the propert	RATION    20. AUTOPSY?   YES		
DICAL CERTIFICATI	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUGES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OFERATION 19B. MAJOR FINDINGS OF OFER PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., of CAUSE OF DEATH.  21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY OF	AATION  20. AUTOPSY? YES NO INJURY OCCUR?  21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated about a city, accident , swieide , homicide , undetermined .  23b. CHIEF MEDICAL EXAMINER		
MEDICAL CERTIFICATI	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bidg., cause of DEATH.  21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bidg., cause of DEATH.  21b. TIME (Month) (Day) (Year) (Hour)  OF INJURY  22c. I certify that I took charge of the remains described at the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes 23A. 9IGNATURE	Autopsy, Inspection or Inquiry  Inquiry, find that said deceased died on the day stated aborts    Consider   Consider   Consider   Consider		



FOR BINDING

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## BALTIMORE CITY HEALTH DEPARTMENT

6820

В	IRTH NO.		CE	RIFICAL	E OF DEATH	negistered	140
	NAME OF D		cham	Kemper		2. DATE OF DEATH	156-5
3	Baltimore	City, Maryland		0	4. USUAL RESIDENCE		If institution : residence before admission)
В.	FULL NAME	OF (If not in hospit	al or institution, g	rive street address o	mil		
11	OSPITAL OR	9 11	. ,1	location	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and give township)
1	-	ZIM	ar Hosy	o	1 Ballem		-04
-	Tamakh of		U	Yrs.	D. STREET ADDRESS	0	Manuel
	SEX	stay in Baltimore	7. SINGLE, MA	ARRIED.	8. DATE OF BIRTH	9. AGE (ln years)	If Under 1 Yeer   II Under 24 Hours
7	lale	Whote	MOVED, I	DIVORCED (Secify		last bis fiday)	Months Days Hours Min.
wor 2	k done during most	CUPATION (Give kind of of working life, even if retired)	Hard	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14 MOTHER'S MAIDEN	NAME	
	More	ua			Mahan	a	
15 (Ye	o. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16.	SOCIAL SECURITY NO.	FINFORMANT K	ember -	ADDRESS
	18. 47	0.1		CAUSE	OF DEATH	1	INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A) Myocordish en facility						
	heart failt injury or	are, asthenia, etc. It mes complication which	ans the disease, caused death.)	DUE TO	1	1	
		ANTECEDENT CAU	SES		ASHOVI	0	
NO	DISEASE	S OF CONDITIONS	E INV CIVING	(B)	MOHUVI		
IIE.	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
U							
RTIFI		11		(C)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	***************************************			
1				DINGS OF OPE	RATION		20. AUTOPSY?
OA	04: 100:00		1 24 21 122			TALL TO ALL COL	YES NO
MEDIC	HOMICIDE	ENT. SUICIDE, (Specify)		OF INJURY (e. g., actory,street,office bldg.,		(If in Baltimore City	, give exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURE		RY OCCUR?	
			m. WHILE				
	22. I hereb	y certify that I att	ended the dece		Aug 2, 1960, to	aug 5, 19	, that I last saw the
	deceased a	live on aug 5	_, 19_5 Cand	that death occu	rred at 11 2 Am., from	/1	the date stated above.
	23A, SIGNA	TURE	200	00	238. ADDRESS	1	23C DATE SIGNED
2	. BURIAL.	CREMA- 248. DATE	1240	MAME OF CEMETE	ERY OR CREMATORY 24D.	LOCATION Aity, tow	n, or county) (State)
16	Winal C	8-6-	10 Sh	ourer-	Theloh	Gal	5 THO
DIA	ATE RECEIVE	RAR LEGISTRAR	S SIGNATURE	MA, MA	FUNERAL DIRECTOR	Que 2100	Eutow R
	VS 150			296	6N		937
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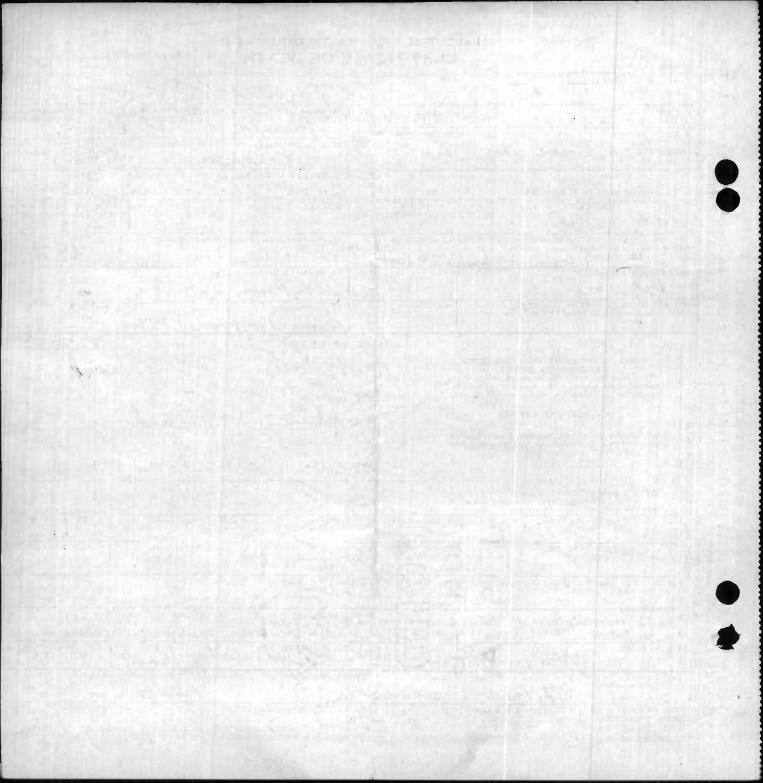
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## BALTIMORE CITY HEALTH DEPARTMENT

.50 6821

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0			
1. NAME OF DECEASED MEYE	-R L	· NOGNO	2. DATE OF DEATH AU	7 5-1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland	timore Md.	4. USUAL RESIDENCE (		before admission)			
B. FULL NAME OF (If not in hospital or inst	tution, give street address or location)	A	If outside corporate limits	more			
INSTITUTION University	Hosp	Bill	The 15	township)			
9	Yrs. Mos.		f rural, give location)	9 and			
c. Length of stay in Baltimore 5. SEX [6.COLOR OR RACE] 7. SING	Days		9. AGE (In years) N	Under 1 Year   It Under 24 Hours			
M WID	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH	lass birthday) Mor	nths Days Hours Min.			
work down dring most of working life, even if retired)	Down INDUSTR	11. BIRTHPLACE (State or		WHIT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
15. WAS DECEASED EVER IN U.S. ARMED FORCES	?   16. SOCIAL	wh Knows	1				
(Yes, no or ooknown) (If yee, give war or dates of service	SECURITY NO.	Servery Q. Helly	rem - 3900	IL DA DA			
18. 420.1	CAUSE	OF DEATH	3,700	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECT		L Posta -	MMana 1.	ONSE! AND DEATH			
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di		2 - Collar	frecia	ar			
injury or complication which caused d		faiction.					
ANTECEDENT CAUSES	(B) Ke	ipture M	yo Carolin				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
	Ol Solla Solla Solla						
T II OTHER SIGNIFICANT CONDITIONS	(C)						
TRIBUTING TO THE DEATH, BUT NOT REI	ATED						
	OR FINDINGS OF OPER			20. AUTOP81?			
U 21A ACCIDENT SHICIDE 21B	PLACE OF INILIRY (a.g., i	n or   21c. WHERE DID	(If in Baltimore City, g	ive exact location)			
VES NO 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, atreet, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact locations)  11 INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	The second of the second of the	RY OCCUR?				
	m. WHILE AT NOT WHILE AT WORK AT WORK						
deceased alive on the S 19	22. I hereby certify that I attended the deceased from Jug 3, 1950 Rug 5, 1950 that I last saw the deceased alive on 1950, 1950 and that death occurred at 12.18 AM from the causes and on the date stated above.						
23A. SIGNATURE 10 . (0 0 A) 23B. ADDRESS LIVE 1 AD AD 23C. DATE SIGNED							
24A. BURIAL, CREMA- 246, DATE	24C, NAME OF CEMETE	101	LOCATION (City/town,	or county) (State)			
TION REMOVAL (Specify) 8/1/950	arlingto	2	Bald	my			
DATE RECEIVED BY REGISTRAR'S SIGN.	ATURE 0	25. FUNERAL DIRECTOR	1	ADDRESS			
AUG 6 - 1950	t- 1/11: 11	fack few du.	2000 Eur	an I dan			
VS 150	- 1000			930			
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	17-53	4	11 2.5			50	6832
	50	6822			EALTH DEPARTMEN E OF DEATH	NT Registered N	0
В	RTH NO.			CERTIFICAT	E OF DEATH		
(7	NAME OF DECE	DENJI	AMIN	MONZ	TEHH	2. DATE OF DEATH	5-50
	Baltimore City				4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution : residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(If not in hospi	tal or instituti	on, give street address or location)	c. CITY OR TOWN	(If outside corporate limits	, write RURAL and give township)
-	10 PX	to ma	lieb.	Yrs.	D. STREET ADDRESS	(If rural, give location)	713
_	Length of stay		1 = 0.1101 =	40 Mos Days	4248 Pu	ulies 1	oad
1	iale 6	Olor or RACE	WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mor	Under 1 Year If Under 24 Hours this Days Hours Min.
	A. USUAL OCCUP done during wort of wor	king life, even if retired		OF BUSINESS OR INDUSTRY		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAM		1 00		14. MOTHER'S MAIDEN		
1	Wrah	am			Mujera		
(Ye	MAS DECEASED E	VER IN U.S. ARME If yes, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	17 Shrokmant Lachael	Mondell AD	- Lame
	18. 420.	1		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does not	OR CONDITION ADING TO DEA mean the mode sthenia, etc. It me	TH of dying, e.g.	, (A) au	to congest	ir failure	20 min
	injury or con	plication which	caused death.	DUE TO			
_	AN.	ECEDENT CAU	SES	Hy	pertersion	0	years
TION		CONDITIONS,			1	•	0
CAT		CONDITION L		(C)	rondy de	eou	
RTIFI		П					
ERI	TRIBUTING TO	THE DEATH, BUT	NOT RELATE	D			
U	19A. DATE OF C	PERATION _		FINDINGS OF OPER	RATION		20, AUTOPSY?
AL		0					YES NO
MEDIC	21A. ACCIDENT LYING OR CO CAUSE OF DEA	DNTRIBUTING		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City, g	ive exact location)
2	21D. TIME (Mor OF INJURY	th) (Day) (Year		THE AT NOT WHILE WORK	The second second	URY OCCUR?	
	22. I hereby ce	ertify that I at			eng: 62-1957, to	aug 5, 1950	that I last saw the
				and that death occur	rrepat / m., fro	m the carries and on th	
	23A. SIGNATUR	- HO YI	Adr	M D 2	4335 Park 1	kylis on	23c. DATE SIGNED
2. TI	BURIAL, CREI	1A- 24B. DATE		M. D.	RY OR CREMATORY 24	D. LOCATION (City, town,	or county) / (State)
D	ATE RECEIVED B	Y   REGISTRAR	'S SIGNATU	RE	5. FUNERAL DIRECTO	DR ()	40DRESS
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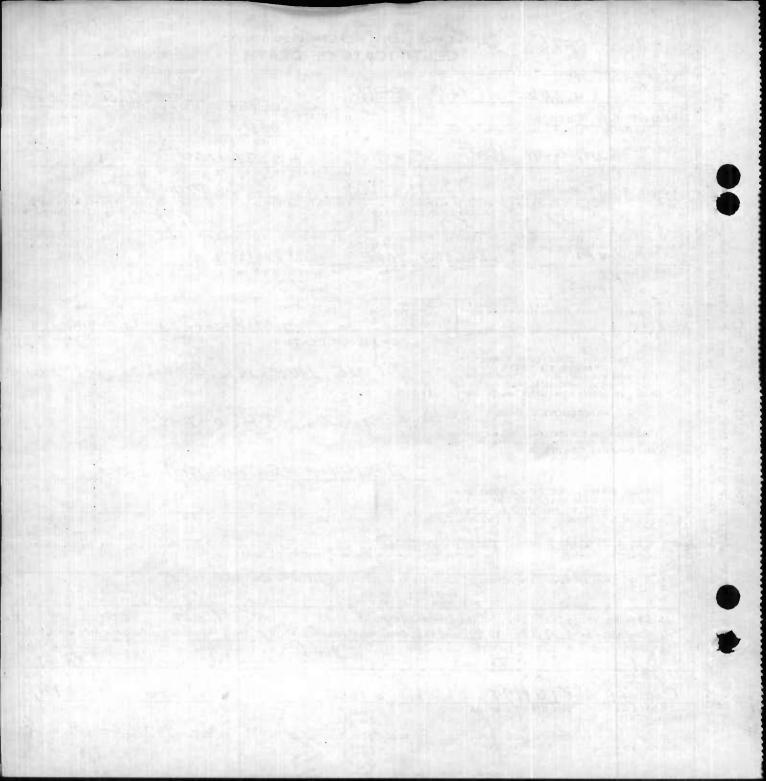
Registered No. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If pural, give location) AGE (In years) If Under I Year | If Under 24 Hours last birthday) | Months Days | Hours Min. 11. BLEZHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN Hemorrhage 3-mori terio-scleratie rolio-vaseular disease 20 AUTOPSY (If in Baltimore City, give exact location) 219 50to assay . 5 -, 19 50that I last saw the from the callses and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS VS 150

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please write the causes of death clearly and leg			
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PLEASE WILL & PL. ALY, WITH UNFADING INK. Every item of information should be ully correct age is especially important. Physicians: please write the causes of death clearly and legibly.
PLEASE WILL PLAILY, WITH correct age is especially important.

K-450			50	6824		
50 6824 BIRTH NO.		EALTH DEPARTMENT E OF DEATH	Registered			
	CHAREES		2. DATE OF DEATH	Aug. 1950		
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospits	al or institution, give street address or	4. USUAL RESIDENCE () A. STATE	Where deceased lived, 1 B. COUNTY	f institution : residence before admission		
HOSPITAL OR INSTITUTION LUTHERAN	HOP. OF MD.	BALTIM		ty, write RURAL and given township		
c. Length of stay in Baltimore	30 Tyrs. Mos. Days	D. STREET ADDRESS (III	IFTON AUC			
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years less hirthday) M	ff Under 1 Year     H Under 24 Hours   Min		
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	oreigh country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME			
15. WAS DECEASED EVER IN U.S. ARMED Yes, no or nnknown) (If yee, give war or dates OHIC KOW K/	of service) 16. SOCIAL SECURITY NO.	Trumes Male	um - 2519	ADDRESS Verte		
DISEASE OR CONDITION  (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication with the complication which complication with the complication which complication with the complication wi	f dying, e.g., (A) ACUT nesthed disease, aused death.) DUE TO  SES  (B) MU  STATING THE DUE TO	RAL THRE		, Lea 3Dox		
UNDERLYING CONDITION LA  UNDERLYING CONDITION LA  UNDERLYING CONDITION LA  UNDERLYING CONDITION LA	TIONS CON- NOT RELATED	CULO VENTRIC	URAR BLO	ock		
7	CAUSING IT.  9B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		If in Bultimore City,	give exact location)		
OF INJURY (Month) (Day) (Year)	m. WHILE AT NOT WHILE					
22. I hereby certify that I attended the deceased from 28 July 1950, to 4 Ave., 1950, that I last deceased alive on 4 Ave., 1950 and that death occurred at 2 2 Pm., from the causes and on the date state						
23A. SIGNATURE  24A. PURIAL, CREMA- TION REMOVAL (Specify)  Control of the contro	950 POSEU4		Bacto	n, or county) (State)		
	S SIGNATURE	Jack Leurs In	u- 2100	Enters Pt.		
AUGV5 150 950 Luntin	ator littleaute, his	, p		940		



before admission)

12. CITIZEN OF

ADDRESS

WE'N COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

YES

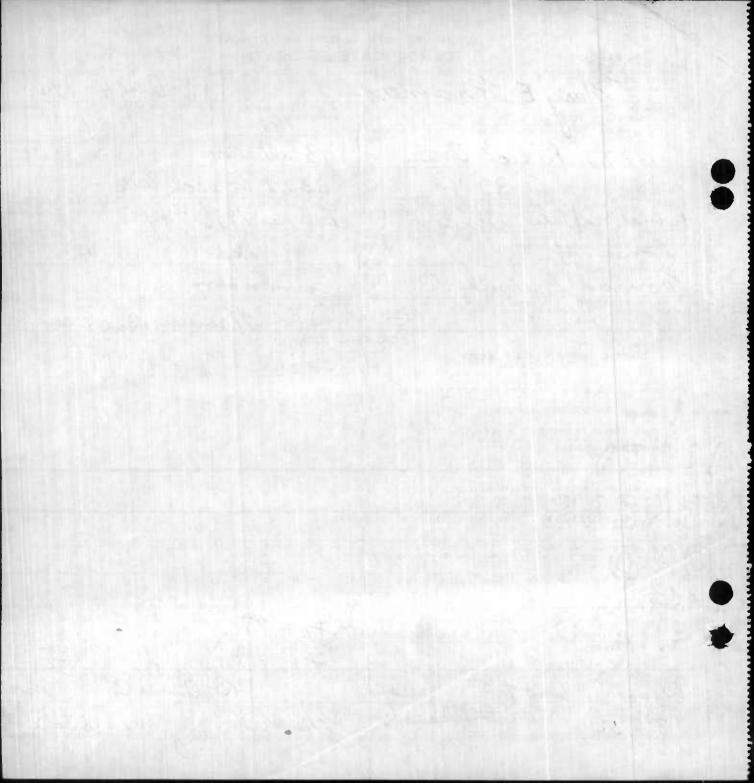
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township)

Registered No.

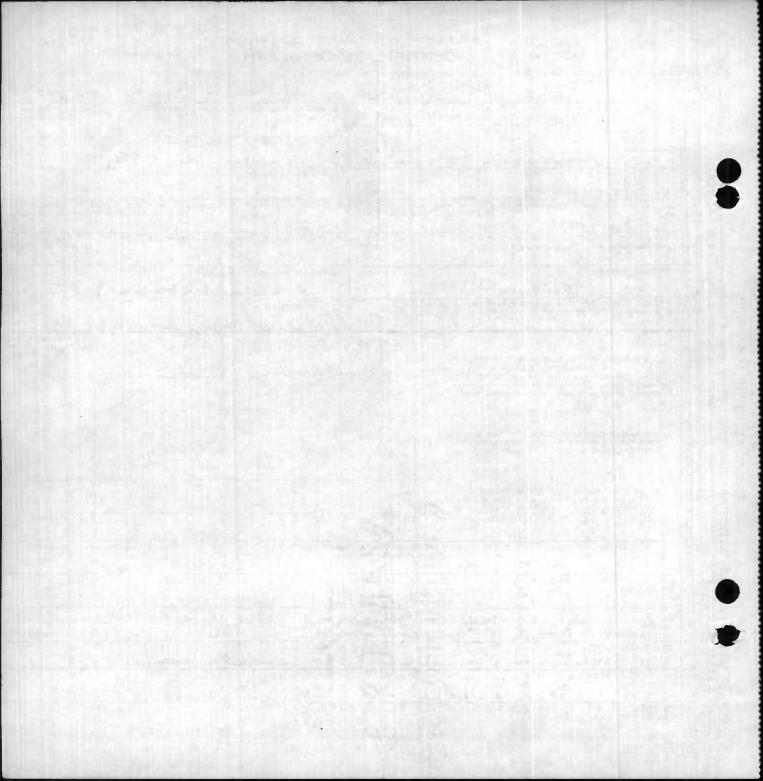
4. USUAL RESIDENCE (Where deceased lived If institution: residence B. COUNTY (If outside corporate limits, write RURAL and give ADDRESS (If rural, gift location) AGE (In years li Under I Year last birthody) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country (If in Baltimore City, give exact location) , 19 50 that I last saw the Dug 4, 1950 and that death occurred at 11,00 Am., from the causes and on the date stated above.

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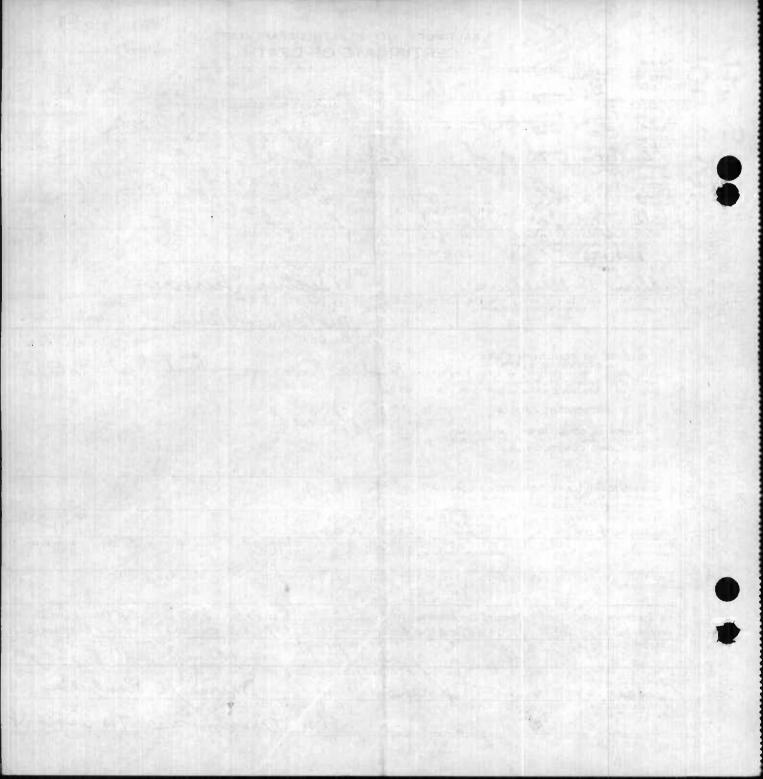
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1		BALTIMORE CITY H	EALTH DEPARTMENT	50	6826
ВІ	5U 6826	CERTIFICAT	E OF DEATH	Registered No	)
	NAME OF DECEASED	e william en		2. DATE OF DEATH	F+ 50
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)
H	FULL NAME OF (If not in horizontal OR ISTITUTION	ospital or institution, give street address or location		outside corporate limits,	write RURAL and give
	30 Unive	sely Heapelal	trelen	ec RTL	
c.	O Length of stay in Baltimor	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	6000
5.	SEX 6. COLOR OR RA	CE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH		nder 1 Year II Under 24 Hours the Days Hours Min.
1C worl	A. USUAL OCCUPATION (Give ki	ind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AMF	
	Daniel 7	ogle	Muldui	1 (Tagle	1 Fites
(Ye	5. WAS DECEASED EVER IN U.S. Al 8. no or nuknown) (If yes, give war or	RMED FORCES? 16. SOCIAL SECURITY NO.	My Muiel The	los Theodorich	MA REX 4
	18. 201X	CAUSE	OF DEATH	w components.	INTERVAL BETWEEN
	DISEASE OR CONDITI				ONSET AND DEATH
	(This does not mean the mo heart failure, asthenia, etc. It injury or complication whi	ode of dying, e. g., (A) means the disease,	algein's D	lisense	
	ANTECEDENT C				
CATION	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE DUE TO			
L		(C)			
ERT	OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH.	BUT NOT RELATED			
U	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
Y.					YES NO
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		f in Baltimore City, gi	ve exact location)
Σ	21D. TIME (Month) (Day) (YOF INJURY	WHILE AT NOT WHILE		OCCUR?	
	22 I harchy contifu that I	attended the deceased from	1, 19 50 to G	June 5 19 50	that I last saw the
	deceased alive on	5, 19 5, And that death occu	erred at 7 Am. from to	he causes and on the	date stated above.
	23A. SIGNATURE	, 10, and one determine	23B. ADDRESS .		23C. DATE SIGNED
	Elinia	W Demanest M. O.	Universal	, Hoan	8.5.50
Zi Tli	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	12 - 210 0	melease Ma	Bearing (City, town, o	r county) (State)
	ATE RECEIVED BY REGISTS	RAR'S SIGNATURE	25. FUNERAL DIRECTOR	0	ADDRESS
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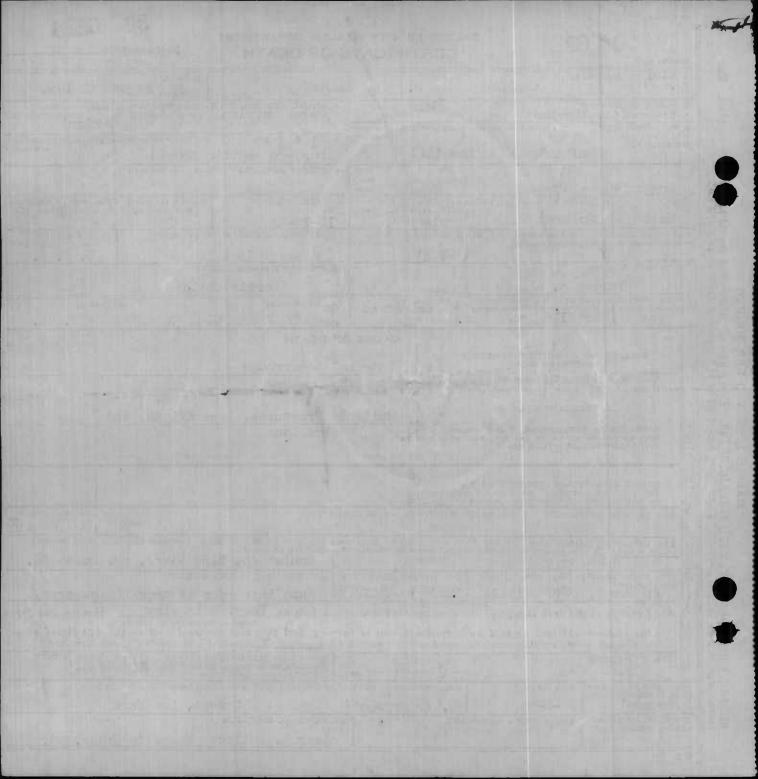
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		20 C000	BALTIMORE CITY HI	EALTH DEPARTMENT	50 6	8827
e		JU 9041		E OF DEATH	Registered No.	
The		NAME OF DECEASED			2. DATE	
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lly supplied		PLACE OF DEATH: Baltimore City, Maryland	(	4. USUAL RESIDENCE (WHA. STATE	nere deceased lived. If inst	itution: residence before admission)
dns	В.		al or institution, give street address or	and	City	
ally y.		Lullieran Hos	p. 1 manhand	c. CITY OR TOWN (If o	outside corporate limits, w	township)
egibl	C.	Length of stay in Baltimore	Yrs. Mos. Days	12.00	yal, give location)	26
ng.	_	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday) Months	n 1 Year H Under 24 Hours S Days Hours Min.
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rmat	4	Velleam D Will	urn	Beatrice Ju	rner	
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iten e ca		DISEASE OR CONDITION	DIRECTLY		1111	ONSET AND DEATH
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Ever		injury or complication which of				4
	7	ANTECEDENT CAUS	SES	alilis?		2
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UNFADING Physicians:	ICA	ONDERETHING CONDITION EX				
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hys	CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	lutis		7
ht .	L			RATION		20. AUTOPSY?
WITH rtant.	CA	21A. ACCIDENT, SUICIDE,	21B. PLACE OF INJURY (e. g.,	n or   21c, WHERE DID (If	in Baltimore City, give	YES NO L
	EDIC.	HOMICIDE (Specify)	about home, farm, factory, street, office hldg.		22	
LY, impo	Σ	21D. TIME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
		OF INJURY	m. WHILE AT NOT WHILE			
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esp		deceased alive on 5-3	, 19 50, and that death occu		c causes and on the	date stated above.
VRI		23A. SIGNATURE	ly /p. M.D.	23B ADDRESS	no 1 md	8-3-50
PLEASE WRI	2 TI	4A. BURIAL. CREMA- 24B. DATE ON REMOVAL (Specify)	24c. NAME OF CEMET	Pers : 24d. LO	oftion (City, town, or	
PLEAS			s signature	25. FUNERAL DIRECTOR	- NUSCE CF	DDRESS
[4] 00		OCAL REGISTRAR	+- Williams, M.B.	John Flenn	y due 715	dight st
	1	10Gv&1501950 January	-			200



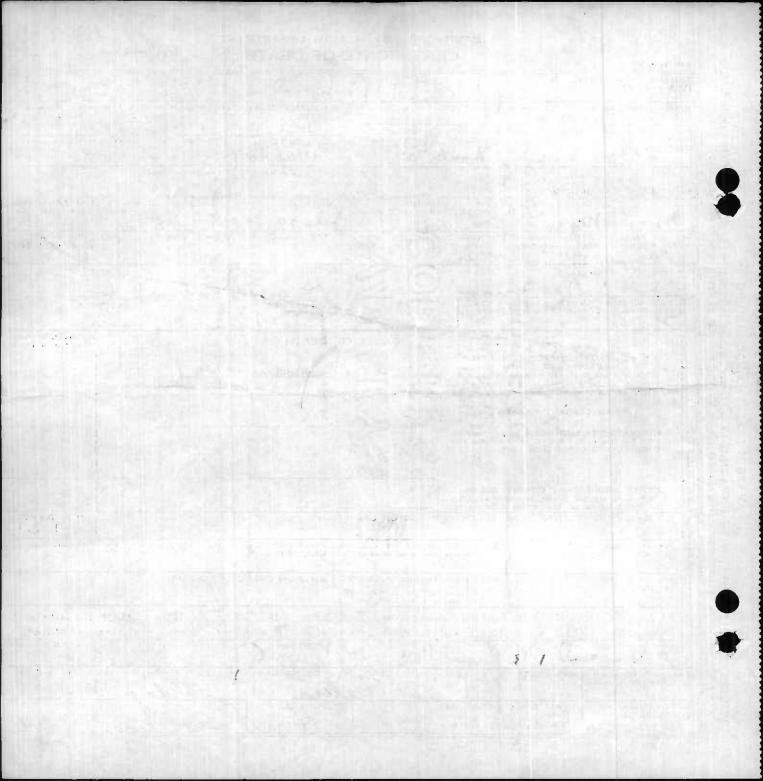
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MARGIN RESERVED FOR BINDING	PLEASE WRITE LA Y, WITH UNFADING INK. Every item of information shou	correct age is especially important. Physicians: please write the causes of death clearly
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1 10/15/2/3	TY HEALTH DEPARTMENT  CATE OF DEATH  Registered No
BIRTH NO.	CATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) CHARLES D.	ALLMAN 2. DATE OF August 4, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE MARYLAND B. COUNTY before admission
INSTITUTION	ocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore City Hospital	Aberdeen Froving Ground
c. Length of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days ARMY
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	(Specify) 8. DATE OF BIRTH 9. AGE (In years it Under 1 Year last birthday) Months: Days Hours Min
Male Colored Married  TOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	OR 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
	OR USTRY NEW YORK CITY 12. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles E. Allman	Dorris Eldica
15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY	17. INFORMANT ADDRESS
Yes War II 6 Yrs. 6 Mos.	COMPANY COM ANDER ABERDEEN PROV. GR.
18. F E 11 1 CA	IISE OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT
	nternal hemorrhage
heart failure asthenia etc. It means the discose	rupture of spleen
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ultiple fractures, lacerations, and abrasions
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF	
A LOIS BLACE OF INJURY	YES NO
21a. EXTERNAL CAUSE WAS UNDERLYING OF OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY about home, farm, factory, street, offi	ficebildgetc.) INJURY OCCUR?
UTING LI CAUSE OF DEATH. Street	Route #40, Bird River, nr. Beach Rd.
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC OF INJURY	
August 4, 1950 4:12Am. WHILE AT NOT	Auto into rear of truck (passenger)
22. I certify that I took charge of the remains descr	ibed above, held an Insp. & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural	Autopsy, Inspection or Inquiry on or Inquiry, find that said deceased died on the day stated above causes $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
23A. SIGNATURE H. Denlache	238. CHIEF MEDICAL EXAMINER
TION, REMOVAL (Specify)	EMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY   DEGISTRAP'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Elmer E. Bullock Havre de Grace, Md.
VS 151 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1501 1905 V



# PICKERAL BALTIMORE CITY HEALTH DEPARTMENT

A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or MoSPITAL OR MOSPITAL OR MOSPITAL OR VIEW DISCOVERY IN USA RACE (In years) Elimit, write RURAL ar NOTHER'S NAME  10. A USUAL OCCUPAT PON (Giva hoder)  10. STREET ADDRESS) (If rural, give location)  MOSPITAL OR WIDOWED, DIVORCED Egestly  MOSPITAL OR WIDOWED, DIVORCED	4	64 Pick	eral 50 com
1. NAME OF DECEASED   Corporate interest and the part of the par	- 4	00 0000	
S. PLACE OF DEATH  A. BELLEN AND OF THE STATUS OF THE STAT	BII	CERTIFICAT	E OF DEATH Registered No.
A STATE BETWEEN AND COF If not in heapital or institution, give street address or HOSPITAL	1. (Ty	NAME OF DECEASED Pe or Print)	of 8-5-50
MOSPITAL OR	Α.	Baltimore City, Maryland	
C. Length of stay in Baltimore  C. Length of stay in Baltimore  C. Length of stay in Baltimore  S. SEX  G. COLOR OR RACE  7. SINGLE, MARRIED. Days  Mob.  NO. USUAL OCCUPATION Greatheds  100. USUAL OCCUPATION Greatheds  101. USUAL OCCUPATION Greatheds  102. USUAL OCCUPATION Greatheds  103. REGISTRER STAND  104. USUAL OCCUPATION Greatheds  105. WAS DECEASED EVEN IN U. S. ARMED FORCES  (When by or subscription)  105. WAS DECEASED EVEN IN U. S. ARMED FORCES  (We, pb) or subscription)  106. SCOIAL  (We, pb) or subscription)  107. USUAL OCCUPATION Greatheds  108. AND CEASED EVEN IN U. S. ARMED FORCES  (We, pb) or subscription  109. DECEASED EVEN IN U. S. ARMED FORCES  (We, pb) or subscription  110. SCOIAL  (We, pb) or subscription  111. INFORMANT  ADDRESS  CAUSE OF DEATH  (This documalize for condition which caused death.)  DISEASE OR CONDITION S. IF ANY. GIVING  RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION CAUSING IT.  112. CITIZEN OF  WAS DECEASED EVEN IN U. S. ARMED FORCES  (We, pb) or subscription  (A) ALLIED  DISEASES OR CONDITIONS, IF ANY. GIVING  RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION CAUSING IT.  1194. DATE OF OPERATION  1194. DATE OF OPERATION  1195. MAJOR FINDINGS OF OPERATION  210. AUTOP  VEE  1194. DATE OF OPERATION  1210. ACCIDENT, SUICIDE.  1210. FLACE OF INJURY OCCURRED  OF INJURY  2210. THE BIBBILL OF THE BIBBILL O	HO	SPITAL OR . () _ ( ) location)	
C. Length of stay in Baltimore  5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED  NIDOWED, DIVORCED ((speals))  10. MULDIAL OCCUPATION (Graphical Month): Days Millioner Plant Hirthday)  10. MULDIAL OCCUPATION (Graphical Month): Days Millioner Plant Hirthday)  10. MULDIAL OCCUPATION (Graphical Month): Days Millioner Plant Hirthday)  10. MULDIAL OCCUPATION (Graphical Month): Days Millioner Plant Hirthday)  10. MULDIAL OCCUPATION (Graphical Month): Days Millioner Plant Hirthday)  10. MULDIAL OCCUPATION (Graphical Month): Days Millioner Plant Hirthday)  10. MULDIAL OCCUPATION (Graphical Month): Days Millioner Plant Hirthday)  10. MULDIAL OCCUPATION (Graphical Month): Days Millioner Plant Hirthday)  10. MULDIAL OCCUPATION (Graphical Month): Days Millioner Plant Hirthday)  10. MULDIAL OCCUPATION (Graphical Month): Days Millioner Plant Hirthday)  10. MULDIAL OCCUPATION (Graphical Month): Days Millioner Plant Hirthday)  11. MULDIAL OCCUPATION (Graphical Month): Days Millioner Plant Hirthday (Graphical Month): Days	51	Oneverly Jospelal	Waldoy Walderfrom
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10. AUGUL OCCUPATION Glockided in the property of the property		6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years   If Under I Year   Munder
13. FATHER'S NAME  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARNEED FORCES!  (Yee, abby unaboun)  (If yee, dive war in date of series)  16. SOCIAL  SECURITY NO.  17. INFORMANT  ADDRESS  Local Pulse of Death  DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. I means the disease, injury or complication which eased death.)  DISEASE OR CONDITIONS. IF ANY, GIVING  RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITIONS ON ATTAING THE  UNDERLYING CONDITION LAST.  (B)  DISEASE OR CONDITIONS ON ANY, GIVING  RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION CAUSING IT.  (C)  10. OTHER SIGNIFICANT CONDITION CAUSING IT.  11. OTHER SIGNIFICANT CONDITION CAUSING IT.  (C)  21. ACCIDENT, SUICIDE,  HOMICIDE (Specify)  21. INJURY OCCUR?  WHILE AT MOT WHILE  22. I hereby certify that I attended the deceased from Time  22. AUTOPI  WHILE AT MOT WHILE  22. I hereby certify that I attended the deceased from Time  22. AND TIME  22. AND TIME  AND THE SIGNIFICANT CONDITION CAUSING IT.  22. AND TIME  AND TIME (Month) (Day) (Year) (Hour)  21. INJURY OCCUR?  WHILE AT MOT WHILE  22. AND TIME  22. AND TIME  22. AND TIME  AND TIME (Month) (Day) (Year) (Hour)  22. AND TIME  22. AND TIME  23. AND TIME  24. BUSIAL CREMA)  25. FUNERAL DIRECTOR  ADDRESS  DATE SIC		17 negro married	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARNED FORCEST (Yee, bby uabnown)  (If yee, dive war in dates of serech)  16. SOCIAL SECURITY NO.  17. INFORMANT  LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. Impension the disease, injury or complication which caused death.)  DISEASES OR CONDITION LAST.  DISEASES OR CONDITIONS, IF ANY, GIVINO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT.  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  21. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21. THE DISEASE OR CONDITION CAUSING IT.  21. THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION  21. ACCIDENT, SUICIDE. ACCIDENT, SUICIDE. 21. PLACE OF INJURY (e. g., in or 2 tc. WHERE DID ON INJURY OCCUR?  21. ACCIDENT, SUICIDE. 21. THE OF OPERATION  21. THE OF OPERATION  21. THE OF OPERATION  21. THE OF OPERATION  22. AUTOPHY  22. AUTOPHY  22. AUTOPHY  22. AUTOPHY  23. ACCIDENT, SUICIDE.  24. REGISTRAR'S SIGNATURE  23. BODRESS  23. DATE SIGNATURE  24. BUSIAL CREMA; 248. DATE  24. NURIAL CREMA; 248. DATE  25. FUNERAL DIRECTOR  ADDRESS   WALL  4. WALL  4. AUTOPHY  26. LINGUISTOR  27. NOT WHILE AT AUTOPHY  28. DORRESS  29. O. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10# work	USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	WHAT COUN
SECURITY NO.   Secu	13.	FATHER'S NAME	
(1) SECURITY NO. Work and Provided Control (1) Security No. Work and Provided Work and the deceased of the provided Work and the provided Work and the deceased of the provided Work and the deceased of the provided Work and the deceased of the d		John / King	Harriet Picheral +++
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPITED TO THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION 2198. MAJOR FINDINGS OF OPERATION 22. AUTOPITED ROBBERS OF CONDITION CAUSING IT.  19. DATE OF OPERATION 2198. MAJOR FINDINGS OF OPERATION 22. AUTOPITED ROBBERS OF CONDITION CAUSING IT.  210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  WHILE AT NOW NOT WHILE A THOUSE AND	15. (Yee,		1. 0 D 0
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT, SUICIDE.  HOMICIDE (Specify)  21A. ACCIDENT, SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in pr. later)  21C. WHERE DID (If in Baltimore City, give exact location Injury)  21D. TIME (Month) (Day) (Year) (Hour)  21D. TIME (Month) (Day) (Year) (H	-	no	
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RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Z	(B)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) ebout bome, farm, factory, street, ntice bidg., etc.)  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in nr   Not white   Not work   Not white   Not work   Not white   Not work   Not	ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
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19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES NO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in pr Homicide (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK 10 Pm 8-5, 1950, to 2 pm 8-5, 1950, that I last sat deceased alive on 3-5, 1950, and that death occurred at 3 Pm., from the causes and on the date stated at 23A. Spenature 23B. Address 23B. Address 23B. Address 23B. Address 23C. DATE SIGNATURE 23C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State of Color of City) 10D. REGISTRAR SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 25.	[H]	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
218. PLACE OF INJURY (e.g., in pr bout home, farm, factory, street, pffice bldg., etc.)  210. TIME (Month) (Day) (Year) (Hour)  2110. TIME (Month) (Day) (Year) (Hour)  2111. TIME (Month) (Day) (Year) (Hour)			
21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  MHILE AT WORK  22. I hereby certify that I attended the deceased from 1 pm 8-5, 1950, to 2 pm 8-5, 1950 that I last sa deceased alive on 3-5, 1950, and that death occurred at 23 pm, from the causes and on the date stated at 23A. SIGNATURE  23A. SIGNATURE  24A. BURIAL, CREMA. 24B. DATE  24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  LOCAL REGISTRAR  AUG 7-1950  LOCAL REGISTRAR  LOCAL REGISTRAR  LOCAL REGISTRAR  AUG 7-1950  LOCAL REGISTRAR  L	VY-	21A ACCIDENT SHICIDE 210 BLACE OF INJUDY (a.c.)	
216. TIME (Month) (Day) (Year) (Hour)  216. INJURY OCCURRED  217. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 1 2 m 8 - 5 , 1950, to 2 pm 8 - 5 , 1950, to 2 p			
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  AUG 7 - 1950  DIEGOLOGIA M. D. Uneversely 3-6-50  240. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) (ST. Peters Walday Md. DATE RECEIVED BY LOCAL REGISTRAR AUG 7 - 1950  AUG 7 - 1950  DIEGOLOGIA M. D. Uneversely 3-6-50  240. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) (ST. Petersel Director Walds		OF INJURY	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  AUG 7 - 1950  DIEGOLD BY LOCAL REGISTRAR  LOC		m.   WORK   AT WORK	m 8-C 1050 to 7 30 P-C 1050 that I led a
24A. BURIAL CREMA: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (STION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (STION, REMOVAL (Specify) 24D. LOCATION (City, town,		deceased alive on 8 -5 1950 and that death occur	rred at 23° Pm. from the causes and on the date stated a
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  LOCAL REGISTRAR  AUG 7 - 1950  TION, REMOVAL (Specify)  St. Peters  Waldoy Mcl  25. FUNERAL DIRECTOR  ADDRESS  Walds  Walds		4 11 13	236. ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR  AUG 7 - 1950  AUG 7 - 1950  ADDRESS  ADDRESS  AUG 7 - 1950  ADDRESS  AUG 7 - 1950  ADDRESS	24/ TIO	A. BURIAL, CREMA 248. DATE 24C. NAME OF CEMETE	1 1 1 1 1 1 1
AUG 7 - 1950 tentington Williams, Mar Houth and Ryon Walds			
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		VS 150	1 - mo



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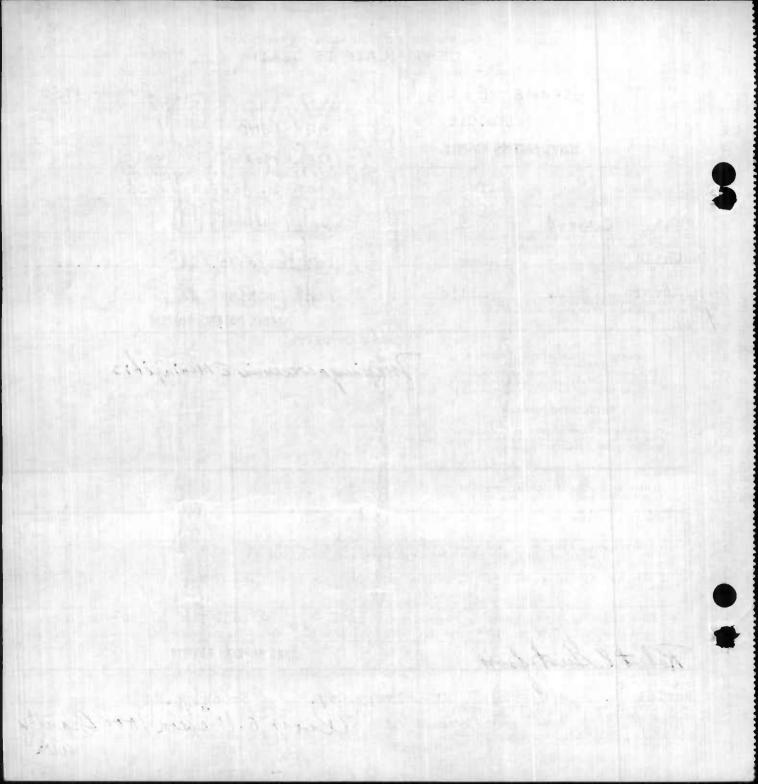
	MOITA CITITION OF CITIZEN	-
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+20<sub>50</sub> 6830 RTH NO.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

6830 Registered No.

1. NAME OF DECEASED (Type or Print)  JEROME ELL	15		2. DATE OF DEATH AUG.	4,1950
a. Baltimore City, Maryland Balto Cit		4. USUAL RESIDENCE A. STATE	(Where deceased lived, If in B. COUNTY	nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	give street address or	MARYLAND		
INSTITUTION THE HOPKINS HOSPIT	location)	BALTIMORE	If outside corporate limits,	write RURAL and give township)
	Yrs.	D. STREET ADDRESS (	If rural, give location)	
c. Length of stay in Baltimore Life	Mos. Days	1903 E. JE	FERSON ST.	
5. SEX 6. COLOR OR RACE 7. SINGLE. WIDOWEL	MARRIED. D. DIVORCED (Specify)	111 1111	last birthday) Mon	nder I Year # Under 24 Hours ths Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B, KIND C	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country	2. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY	TI. BIKTIN EACE (State of	Toreign country)	WHAT COUNTRY?
13. FATHER'S NAME		Baltimore M	d.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	./
Edward J. Elli	Q	Anna Watkin	c	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT		DRESS
No	SECURITY NO.	DH SHOEL	PKINS HOSPITA	
118.	CALISE	OF DEATH		INTERVAL BETWEEN
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  U L	(B) DUE TO (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
J 19A. DATE OF OPERATION   19B. MAJOR F	INDINGS OF OPER	RATION		20. AUTOPSY?
	E OF INJURY (e. g., i n, factory, street, office bldg.,		(If in Baltimore City, gir	
21D. TIME (Month) (Day) (Year) (Hour) 21 OF INJURY	E. INJURY OCCURR		RY OCCUR?	
m. w	ORK AT WORK			
deceased alive on 8-4 1950 an	eceased from nd that death occur	8-3 196°, to	the causes and on the	that I last saw the
Z3A) SIGNATURE		38 ADDRESS		23c. DATE SIGNED
Kalent & Sustalson	м. D.	HAMIS MUPLI	IS HOSPITE'	
24A. BURIAL. CREMA- 24B. DATA TION, REMOVAL (Specify)	C. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town, o	r county) (State)
D : 3	Mt Calvery	Cem P-	noklym Md	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	E. Laure, M. J.	Ling &		o Brautly
1000	是好的时间。 1.4%	1	O/- W-O/G / O	6 ave



August 2, 1950

B. COUNTY before admission)

(If outside corporate limit, write RURAL and give

D. STREET ADDRESS (If rural, give location)

618 N. Bethel Street

9. AGE (In years If Under 1 Year Is Under 24 Hours Iast birthday) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

ADDRESS Francis Furgson 618 N. Bethel St

INTERVAL BETWEEN ONSET AND DEATH

1. Cavitation of left upper lobe

August 3, 1950

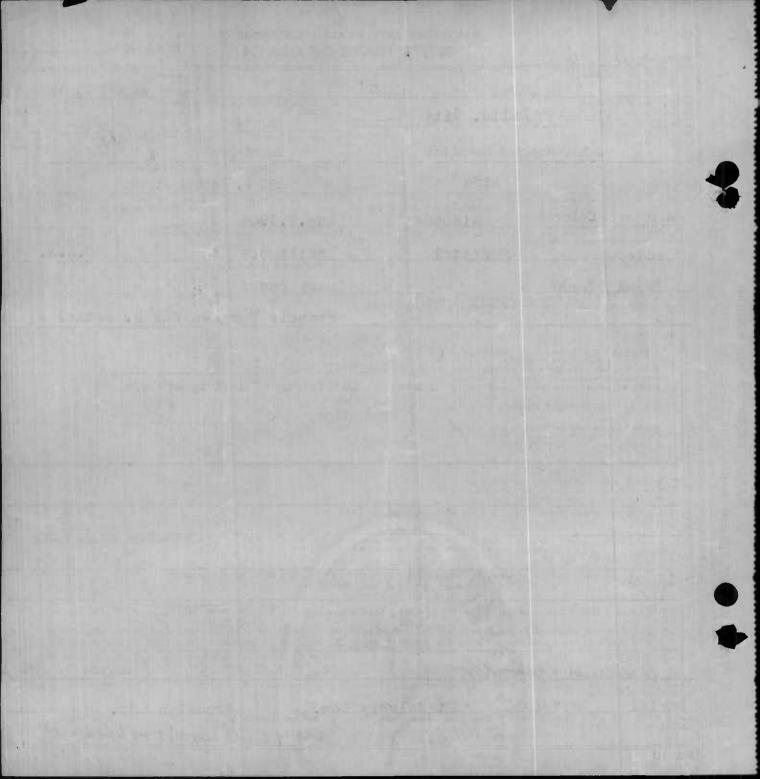
20. AUTOPSY

thereon and from

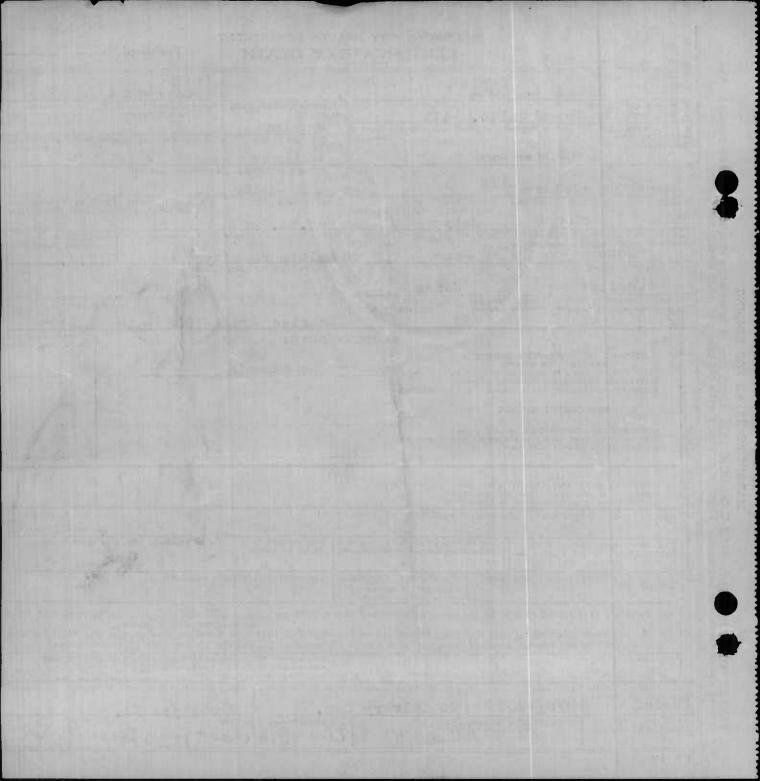
YES X

24D. LOCATION (City, town, or county)

151



DEATH August 3, 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If outside corporate limits, write NURAL and give D. STREET ADDRESS (If rural, give location) 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Charles Jones 1003Slater INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSYT YES X (If in Baltimore City, give exact location) thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A accident D, suicide D, homicide D, undetermined D. 23B. CHIEF MEDICAL EXAMINER..... 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) VS 151

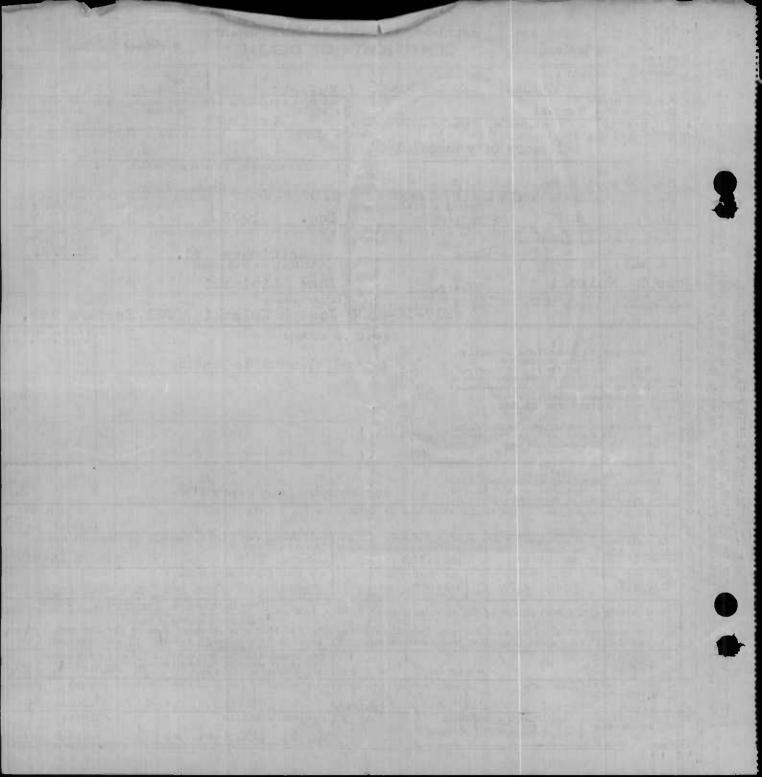


#### 6834

### BALTIMORE CITY HEALTH DEPARTMENT

50	0003
Registered	No 6834

BIRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
1. NAME OF (Type or Print)					2. DATE OF	
	ADA	M	KULOCKI	Kulacki)	DEATH AUGU	ast 4, 1950
a. Baltimore	City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived, 1: B. COUNTY	<pre>f institution : residence     before admission]</pre>
B. FULL NAMI	E OF (If not in hospit	tal or institu	tion, give street address or			
HOSPITAL OR		- 0:4	location)	C. CITY OR TOWN (I	outside corporate limi	ts, write RURAL and give
21	partimor.	e City	Hospital	Baltimore		downship
-			Yrs. Mos.	D. STREET ADDRESS (If		
	stay in Baltimore		Days		tern Avenue	
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year onths: Days Hours: Min.
Male	_   White	Sing		Dec. 8 1903	46	
10A. USUAL O	CCUPATION (Give kind of stof working life, even if retired)	1 10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
	ver Worller			Reltimore	Md.	U. S. A.
13. FATHER'S	NAME			Baltimore 14. MOTHER'S MAIDEN N	AME	0000000
Joseph	Kulacki			Anna Lipinsk	1	
15. WAS DECEA	SED EVER IN U. S. ARMEI	D FORCEST	16. SOCIAL	17 INFORMANT		DDRESS
(Yes, no or unknown	a) (If yes, give war or date	e of service)	217-16-8808	Joseph Kulack		
18. Z	974X,		CAUSE	OF DEATH		INTERVAL BETWEEN
	ASE OR CONDITION	DIRECTLY				ONSET AND DEATH
	LEADING TO DEA	TH	Ambe	xiation due to ha	anging	
heart fai	ilure, asthenia, etc. It mea	ans the disea	se,			
injury o	or complication which	caused deat	h.) DUE TO			
	ANTECEDENT CAUS	SES				
Z DISEAS	ES OR CONDITIONS, I	F ANY, GIVI	(B)	***************************************	***************************************	
RISE TO	THE ABOVE CAUSE (A)	STATING T				
DISEAS O RISE TO UNDERI			(C)	***************************************	***************************************	
Ĕ.	11					
C TRIBUTION	SIGNIFICANT CONDI			noonholitia navah	ocic	
TO THE	DISEASE OR CONDITION	CAUSING	11.	ncephalitic psych	0912	
19A. DATE	OF OPERATION 1	9B. MAJOF	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. EXTER	AND CANCE WAS	1 21a DI	ACE OF INJURY (e. g., is	or   21c. WHERE DID ()	f in Baltimore City,	YES NO X
UNDERLYII	RNAL CAUSE WAS	about home,	farm, factory, street, office bldg., e	(b.) INJURY OCCUR?		
UTING [	CAUSE OF DEATH.		iospital	Balto. City Ho		astern Avenue
2 1b. TIME	(Month) (Day) (Year)	,	21E. INJURY OCCURRI			
			WHILE AT WORK			
22. I cert	tify that I took char	ge of the	remains described a	bove, held an Inspect	tion & Inqui	y thereon and from
				Autopsy,	Inspection or Inquiry	
and d	leath in my opinion	resulted	from: natural causes	nquiry, find that said de	K, homicide .	ie day stated above, indetermined $\square$ .
23A. SIBN/		1	0	238 CHIEF MEDICAL	EXAMINER 23	C. DATE SIGNED
Sto	uncley (8. 1	Ven	lactier, M	D. MEDICAL INVESTIGAT		August 4, 1950
24A. BURIAL.			24c. NAME OF CEMETE		OCATION (City, town	, or county) (State)
Bungal	aua >	1950	Haly Rosal	Ne Par	Stinger!	Caunt
DATE RECEIV	ED BY   REGISTRAR	S SIGNATI	JRE	25. FUNERAL DIRECTOR	The state of the s	ADDRESS
ALIC 7-1		stor 1/1	Clience, Mr.	Jol 1. allel	01 11011	Muto 17.
HUU 7	330 1			Jun M. Will	7 4010.	Chines oran
V S 151	V-991X					164a



MARGIN RESERVED FOR BINDING

#### 6835 50

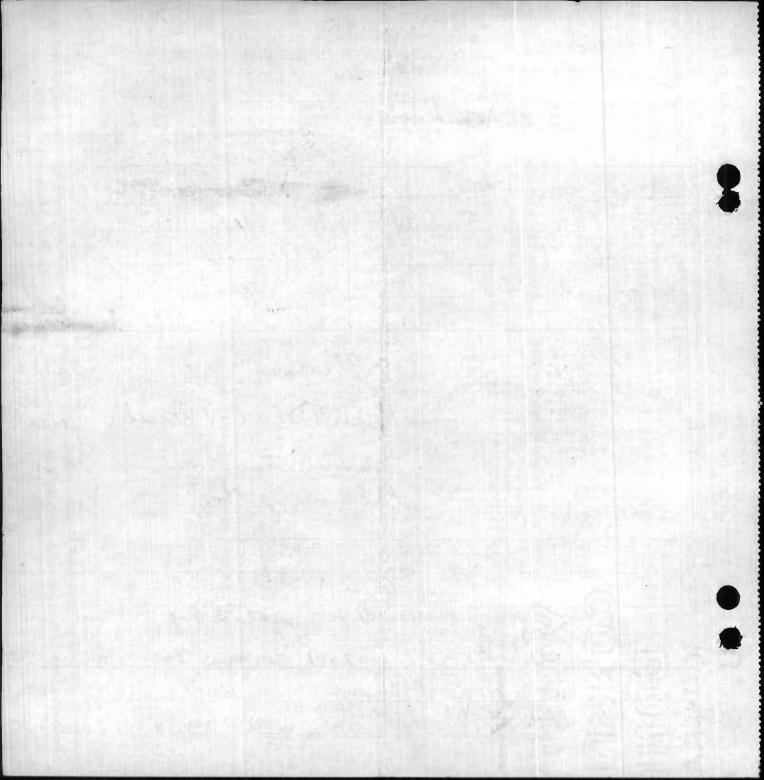
## DEPARTMENT

6835

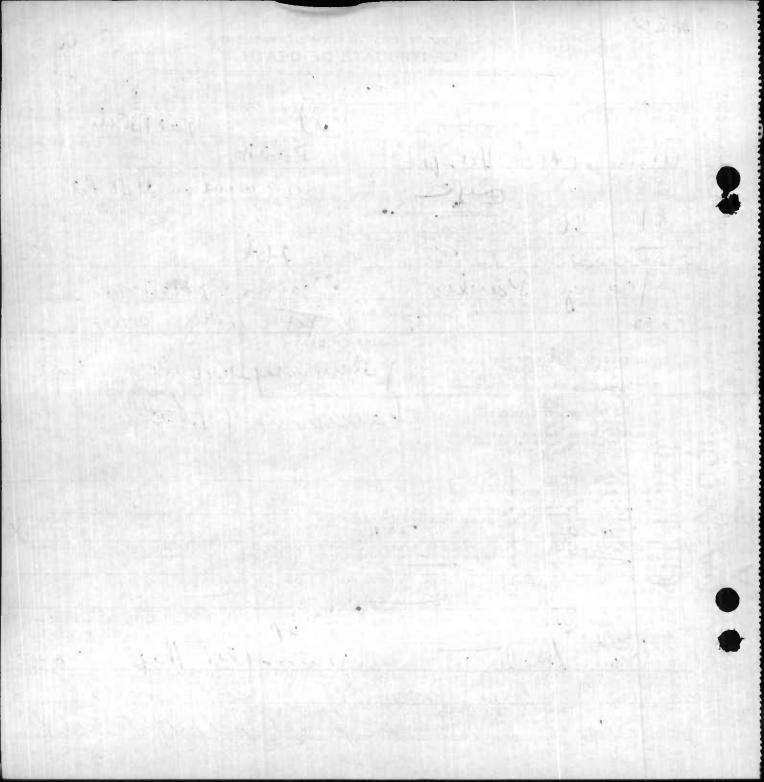
H.	BIRTH NO.						
I	1. NAME OF DECEASED (Type or Print) Helen R. Marcinko 2. DATE OF DEATH and	3 1950					
	A. Baltimore City, Maryland 7/8 D. duberrood and A. STATE  B. COUNTY	stitution: residence before admission)					
1	B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate limits, P	write RURAL and give township)					
	Yrs. D. STREET ADDRESS (If rural, give location)						
	Mos.						
-	c. Length of stay in Baltimore Days 235 S. Madeira Street 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 19. AGE (In years) 10.	nder I Year   Il Under 24 Hours					
	Female White married rule 4 1965 last birthday) Mont	hs Days Hours Min.					
	work done during most of working life, even if retired) INDUSTRY	2. CITIZEN OF WHAT COUNTRY?					
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	4.0.9-					
1	14. MOTHER'S MAIDEN NAME						
7-	15) WAS DECEASED EVER(I) U. S. ARMED FORCES? 16, SOCIAL 17, INFORMANT ADD						
	(Yes, no or unknown) (If yes, give war or dates of service) 16, SOCIAL SECURITY NO. 17. INFORMANT ADI	DRESS 235.					
	219-16-7339 marion Marconho S.	Madeira St.					
4	18. 410X CAUSE OF DEATH	ONSET AND DEATH					
Л	DISEASE OR CONDITION DIRECTLY						
1	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
ı	injury or complication which caused death.) DUE TO						
1	Z DISEASES OR CONDITIONS IF ANY GIVING (B) Hypertensive C-V D'SEASE	110046					
	DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO						
1	mitral stenosis & insuff	10 yrs. :					
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  (c) Mitral stenosis & insuff  (d) Pulse Transit Hop.	7					
	U TO THE DISEASE OR CONDITION CAUSING IT.						
1		YES NO H					
	21A. ACCIDENT, SUICIDE,   21B. PLACE OF INJURY (e.g., in or hOMICIDE (Specify)   21b. PLACE OF INJURY (e.g., in or hOMICIDE (Specify)   21c. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)   INJURY OCCUR?	e exact location)					
1	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
	OF INJURY  m. WHILE AT NOT WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from 31 July , 1950, to 3 dug. , 1950	that I last saw the					
	22. I hereby certify that I attended the deceased from 3/ July, 1950, to 3 aug., 1950, deceased alive on 2 aug., 1950, and that death occurred at 11 pm., from the causes and on the						
	23A. SIGNATURE Joseph Drosd 2601 Castern ave.	5 Aug. 50					
1	24A. BURIAL, CREMA- 24B. DATE 246 NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, o	r county) (State)					
	Burnal Specify and > 1950 Holy Rosary Baltimore	Carrit					
	DATE RECEIVED BY   REGISTRAR'S SIGNATURE   10. FAUNERAL DIRECTOR	ADDRESS					
	LOCAL REGISTRADI HE TO WILLIAM AND A DA PLACE WALL	Muy 1x					

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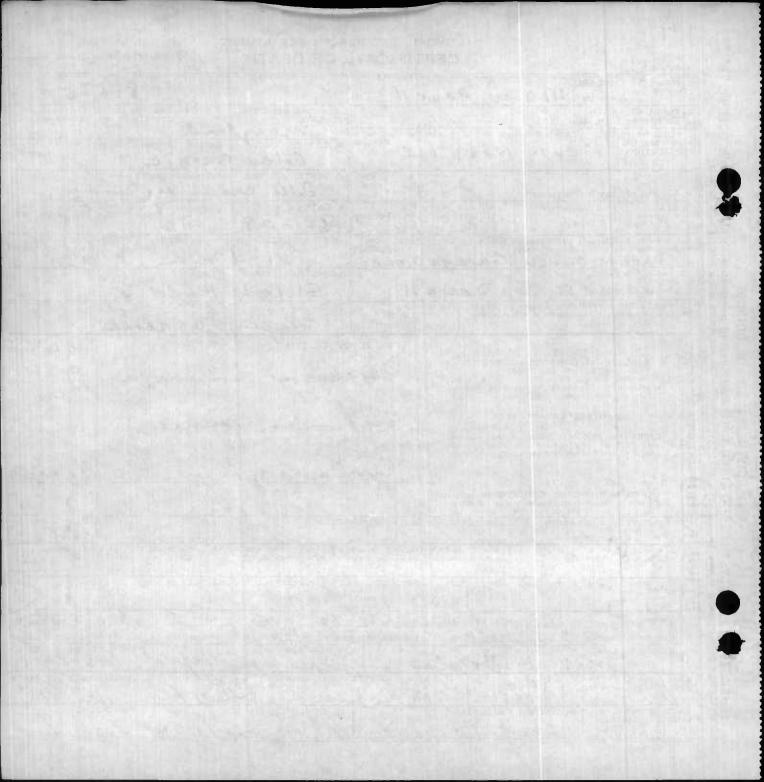


TIMORE CITY HEALTH DEPARTMENT Registered No. ERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN, INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stav in Baltimore Days 5. SEX 6. COLOR OR RACE SINGLE MARRIED BIRTH AGE (In years It Under 1 Year It Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours Min. on should clearly an 10A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s 04110 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO em of i INTERVAL BETWEEN item 18. CAUSE OF DEATH FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH very (This does not mean the mode of dying, e.g., write RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: WITH important. 200 CA NO 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI about home, farm, factory, street, office bldg., etc.) \_(Specify) HOMICIDE INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE especiall WORK 19 22. I hereby certify that I attended the deceased from 19 \_, that I last saw the to Pm., from the causes and on the date stated above 19 and that death occurred at deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 203 PLEASE WR age 244 BURIAD, CREMA-NAME OF CEMETERY OR CREMATORY 24B. DATE 240. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE PUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR IIIa VS 150



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	3. PLACE OF A. Baltimore		1		4. USUAL RESIDENCE	DEATH E (Where deceased I	ived. If insti			
-	B. FULL NAM HOSPITAL OF INSTITUTION	R	spital or institution,	egive street address or location)		(If outside corpora Burnie	te limits, wi	rite RURAL and give township)		
	c. Length of	stay in Baltimore	2.5	-4rs. Mos.	D. STREET ADDRESS (If rural, give location)					
	5. SEX	6. COLOR OR RAC	WIDOWED	ARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In you last birthd)		Days Hours Min.		
W	ork done during mo	DCCUPATION (Give kin est of working life, even if retired)	dof 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	linia		CITIZEN OF WHAT COUNTRY!		
	Ja	mes:	J. 200		Eulah	H udd	le			
	Yes, no or naknow	ASED EVER IN U.S. AR (If yes, give war or o	MED FORCES? 16 lates of service)	SECURITY NO.	17. INFORMANT Wife	, as al	ADDR	ESS		
	18.	81.0		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO									
	Z ANTECEDENT CAUSES  Zaspliagent varices									
	DISEAS	*****	***************************************							
	OTHER		7 mes							
3    1	TRIBUTI	SIGNIFICANT CON ING TO THE DEATH, B DISEASE OR CONDIT	UT NOT RELATED		<u> </u>	***************************************	***************************************			
	{	of operation		NDINGS OF OPE				YES NO		
	HOMICIDE	DENT, SUICIDE, E (Specify)		OF INJURY (e. g., factory, street, office bldg.,		(If in Baltimore	City, give	exact location)		
	21D. TIME OF INJUR	(Month) (Day) (Ye	m. WHIL	PK AT WORK						
	deceased	eby certify that I alive on 8-5	attended the dec	eased from A		9-5 m the causes and	d on the d	nat I last saw the late stated above.		
	23A. SIGN	mary )	4. Darse	AND.	mercy	Horpilal		SC. DATE SIGNED		
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A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital)	or institution, give street address or	A. STATE		fore admissio
HOSPITAL OR INSTITUTION	location)		outside corporate limits, write R	
St. agnes Hospital		Balto Md	V-09	townshi
a Langth of stan in Baltiman	Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)	
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7	7. SINGLE, MARRIED	B. DATE OF BIRTH	9. AGE (In years   If Under 1 Year	If Under 24 Ho
musle White	WIDOWED, DIVORCED (Specify)	7-23-93	last birthday) Months Day	s Hours Mi
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	Barber	South &	- Carles	AT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED F	ORCES?   16. SOCIAL	Lou Hopkins		
Yes, no or unknown) (If yes, give war or dates of	SECURITY NO. 255 >09-142.	17. INFORMANT	ADDRESS	4
18. 193V	CAUSE	OF DEATH		EVAL BETWE
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(This does not mean the mode of cheart failure, asthenia, etc. It means	dying, e.g., (A)	rain / una	Aloma) 2	-3 m
injury or complication which cause				
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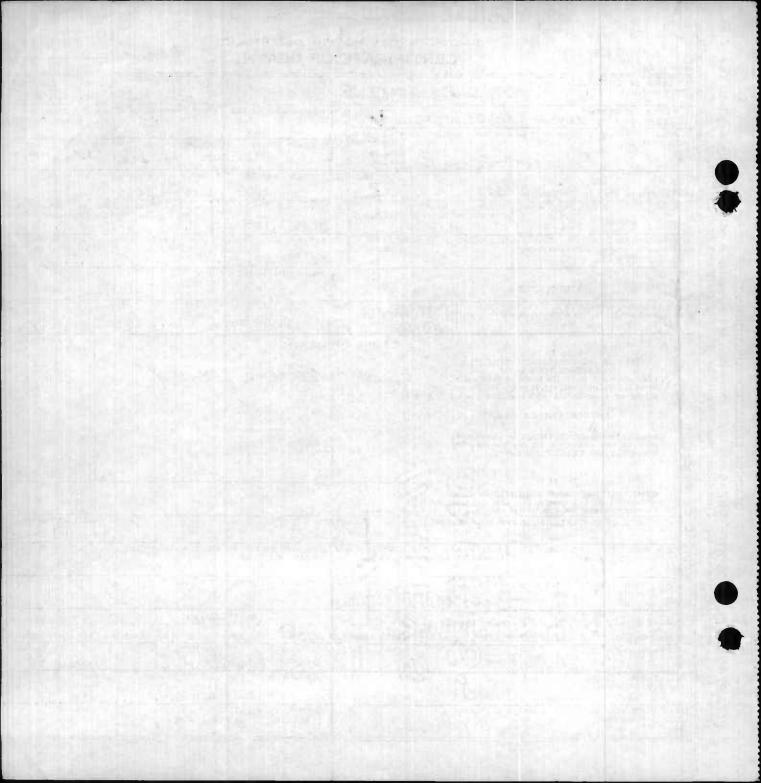
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В	50 6839  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No							
	NAME OF DECEASED Thomas Jones Rue	-50						
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (What is a state Maryland	DEATH ere deceased lived, II	institution: residence before admission)			
H	FULL NAME OF (If not in hospital or institution, give st OSPITAL OR US Marine Hospital, Balt	location)		utside corporate limi	ts, write RURAL and give township)			
egibīy	Length of stay in Baltimore	23Mos.X	D. STREET ADDRESS (If ro 402 Willi		5413			
	SEX 6. COLOR OR RACE 7. SINGLE. MARRIE WIDOWED DIVO Single	ED.	8. DATE OF BIRTH May 27, 1927	9. AGE (In years last birthday) M	ff Under 1 Year onths Days Hours Min.			
1C worl	OA. USUAL OCCUPATION (Give kind of kdone during most of working life, even if retired)  Student		11. BIRTHPLACE (State or fore Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY?			
13	Francis Rue		14. MOTHER'S MAIDEN NAM Margaret Thom		002			
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? No. no or naknown) (If yes, give war or dates of service) WW II  16. SOC 213-24	URITY NO.	17. INFORMANT Records, U.S.		DDRESS			
RTIFICATION	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	)			2 years			
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.							
11 .	194. DATE OF OPERATION 198. MAJOR FINDING	GS OF OPERA	ATION		20. AUTOPSY?			
MEDICAL	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21a. PLACE OF IN about home, ferm, factory,			in Baltimore City,	give exact location)			
Σ	21b. TIME (Month) (Day) (Year) (Hour) OF INJURY MHILE AT WORK	NOT WHILE	21F, HOW DID INJURY	occur?				
0 2.	22. I hereby certify that I attended the deceased deceased alive on Aug. 5, 1950, and that 23A. SIGNATURE	death occur	red at 6:15 m., from the BB. ADDRESS  JS Marine Hospital RY OR CREMATORY 240, LOG	e causes and on t				
rrect	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR  AUG 7 - 1950 VS 150		Mem Park 600 25. FUNERAL DIRECTOR	mbridge	ADDRESS End mandon			

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BIRTH NO.	F DECEASE

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

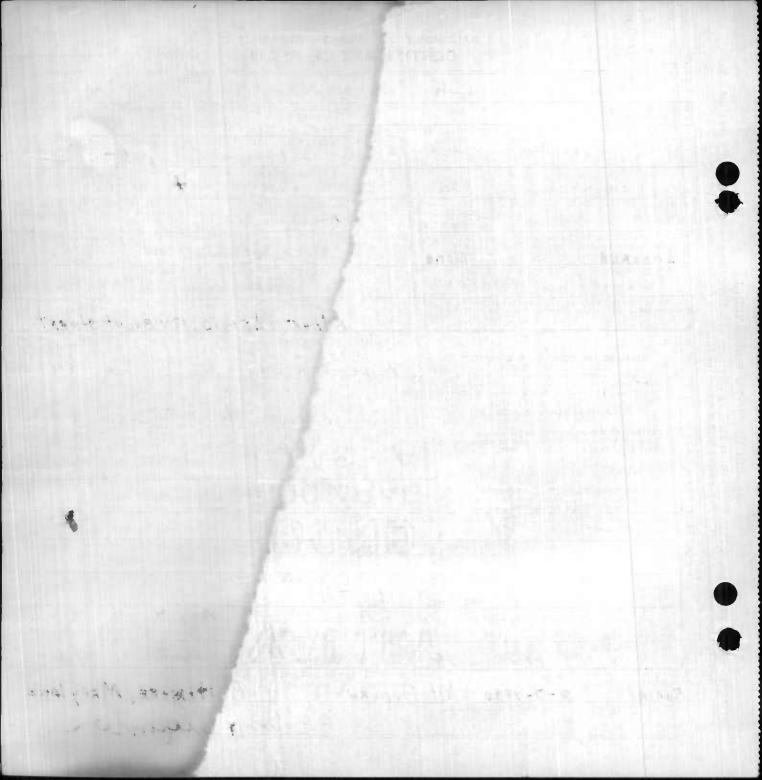
50 6841 Registered No.

B	MIH NO.						
	NAME OF D 'ype or Print)	Joan Davis	•		2. DATE OF DEATH 8-5-1950		
A.		City, Maryland		ير لا	4. USUAL RESIDENCE (Where deceased lived, If institution; resider A. STATE B. COUNTY before admi		
B. HI	SPITAL OR ISTITUTION	Baltimore Ci	ty Host	ion. give street address or itals location)	C. CITY OR TOWN (If outside corporate limits, write RURAL an	nd give (nship)	
0	Towardh of a	A 1 70-311	Nine	Years Yes.	D. STREET ADDRESS (If rural, give location) 315 N. Stricker St. Z 23		
	SEX SEX	tay in Baltimore	7. SINGLE	Days Days	8 DATE OF BIRTH 9 AGE 110 years If linder   Year   If linder	24 Hours	
	Female	Negro		Married Simply	-00.21, 2,25	Min.	
worl	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	South Carolina 12. CITIZEN OF WHAT COUNTY		
	FATHER'S	Luke To			14. MOTHER'S MAIDEN NAME Hattie Fortune		
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMED (If yee, give wer or dated	FORCES?	16. SOCIAL SECURITY NO.	Records B.C.H. 4940 Eastern Ave		
ERTIFICATION	heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.			(B)		<u> </u>	
CER	TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
AL	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER		SY7	
MEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		)	
4	21D. TIME ( OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from 5-11, 19 50 to 8-5-, 19 50 that I last saw the deceased alive on 8-5-, 19 50, and that death occurred at 4:35 nR. From the causes and on the date stated above.						
	23a. SIGNATURE ASSERT AVE 4940 Eastern Ave					SNED	
TV.	BURIAL (S REMOVAL (S ATE RECEIVE	0 8/1/	50	Mt. U	ERY OF CREMATORY 240 LOCATION (City, toyn, prounty) (S Way, Clary Hell Way 25 CONER OF DIRECTOR ADDRESS	State)	
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-0	004	9				DEPARTMEN		50	6842
) B	IRTH NO.			CERTIFIC	ATE OF	DEATH	Regist	ered No	
	NAME OF D	ECEASED	1		1		2. DATE		
	'ype or Print)	Leroy	Josef	oh Jo	huso	n	OF DEATH	8-4	-50
	PLACE OF D	EATH: City, Maryland			4. US	SUAL RESIDENCE			tion : residence before admission
В.	FULL NAME	OF (If not in hospit	al or instituti	on, give street addr		Maryland		411	berore admission
H	SPITAL OR	Providen					(If outside corpora	ye limits, write	
3	9	1 Paul dex	1/0	spiral		Baltimo	ore /	7-6	township
7	1					REET ADDRESS		ion)	
		tay in Baltimore	3		Hea-	1711 /3	runge	Street	
	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED, ED, DIVORCED (S		TE OF BIRTH	9. AGE (In ye	ears     Under 1 Ye	ear If Under 24 Hours ays Hours: Min.
	Male	Negro	Dive	orced	Aug	12,1912	3 >	ay) Months D	ays Hours Min.
Work	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KIND	OF BUSINESS O	THE STATE OF	RTHPLACE (State of	- /	0	TIZEN OF
	LABORE	A		one	ST	t. Georges	Isl, Mo		S A
13	. FATHER'S N	IAME	1	23 1284 2 2 1 1	14. M	OTHER'S MAIDEN	NAME		
	Dan	16/ 10	hnso	N		Flore	ence (	Clayy	OH
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. IN	FORMANT		ADDRES	
(10	, no or unknown)	(If yes, give war or date	s of service)	SECURITY N	10. n/	1 1	1: 4 1711 6		. /
	18.	= 1 =		6411			113 1711 8	IN ST	TERVAL BETWEEN
	0	1,01		CAU	SE OF D	EATH		ON	SET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	4.	nex to	nsive C	11. D. s	SEACE	+4days
	heart failu	not mean the mode ore, asthenia, etc. It mea	ans the disease	e.	Per	7/3/00		case	+4 days
	injury or	complication which	caused death.	.) DUE TO		1.		To Folly	
		ANTECEDENT CAUS	SES			1.0 #	1 + T	1	July do
Z	DISFASE	S OF CONDITIONS	E ANY COUNT	(B)	0490	tive #	earl Ta	11478	7 7 4449
Ĕ	DISEASES OR CONDITIONS, IF ANY, GIVING  RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  UNDERLYING CONDITION LAST.								
FICA	ONDERL	TING CONDITION L	(51.		1				1111
E		- 11		(C)	irrh	0515			+ 4 days
RT		IGNIFICANT COND							
S		TO THE DEATH, BUT				***************************************			
ار	19a. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF	PERATION			2	O. AUTOPSY?
Y.									ES NO X
EDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	about home, fe	CE OF INJURY (	e.g., in or 21 bldg.,etc.) IN	C. WHERE DID	(If in Baltimore	City, give exa	act location)
M									
-	21D. TIME (	Month) (Day) (Year)	(Hour) 2	1E. INJURY OCC	URRED 21	F. HOW DID INJU	RY OCCUR?		
	0. 11.001(1		m. w	HILE AT NOT W	HILE	170101-7002			
	22. I hereby	y certify that I att	anded the		Aug.	1 1950 10	Aug 4	19 50 that	I last sam th
		ive on Aug 4			courred at	12:20 Pm., from			
	23A. SIGNAT		-, 10	tha that acath o	238. AD		f : me		DATE SIGNED
	m	1. E. Acc	Besse	The M.D	Pro	vident	Hospital	2 8	14/50
	A. BURIAL, C		2	4c. NAME OF CEM	TETERY OR	REMATORY 240	LOCATION (City	, town, or cour	nty) (State)
1	Runial	S-7-1	950	Mt Aubu	RN	B	oltimak	E MOF	byal Vs
DA	TE RECEIVE	D BY REGISTRAR	S SIGNATU			MERAL DIRECTO	ROD	ADDR	
LC	CAL REGISTI	RAR	- 1/11.	11 =	1	Plaink	1. Vely	and is	
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	m of information should	correct age is especially important. Physicians: please write the causes of death clearly and legibly.	
	Every ite	write the	
	UNFADING INK.	Physicians: please	
	LY, WITH	important.	
	R PI	is especially	
	PLEASE WI	correct age	

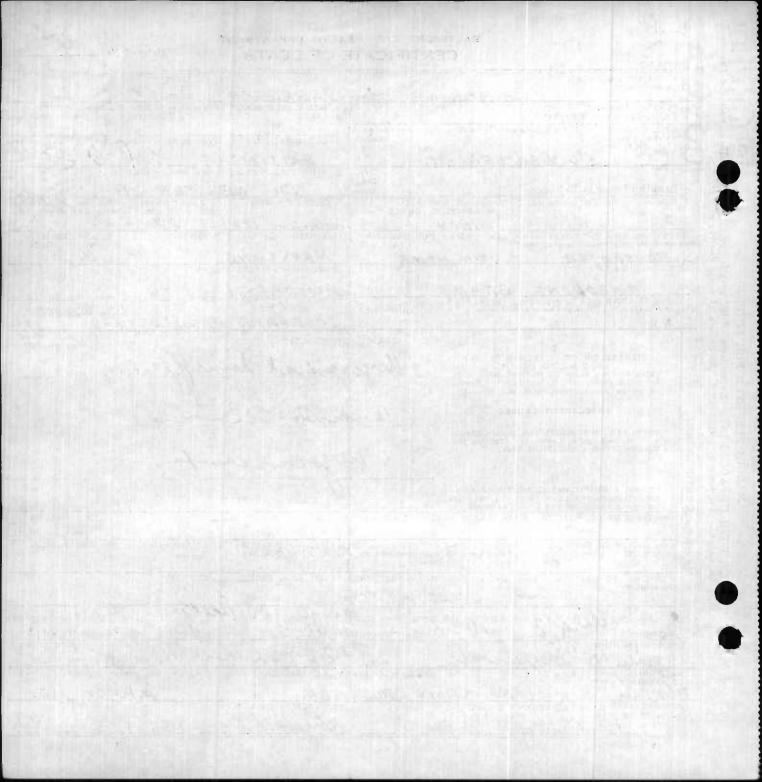
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

STATE OF PERSONS AS

Registered No. 6843

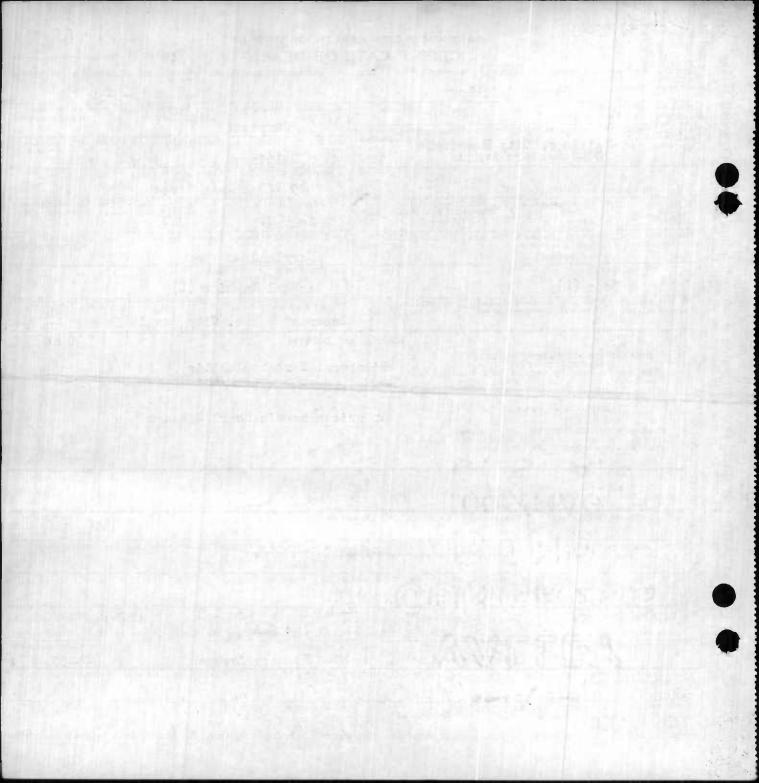
Diffill NO.					
1. NAME OF DECEASED (Type or Print)	CATHER	INE HAC	SELBERGER	2. DATE OF DEATH	-5-50
3. PLACE OF DEATH:  A. Baltimore City, Marylan		1 1110	4. USUAL RESIDENCE		
B. FULL NAME OF (If not in	hospital or institution,				
HOSPITAL OR INSTITUTION		location)	c. CITY OR TOWN	If outside corporate lin	ts, write RURAL and give
1316 W	EBSTER .	ST.	BALTIMOR	E Ly	winship)
		Yrs.	D. STREET AOORESS (I	f rural, give location)	
c. Length of stay in Baltim	ore	Mos. Days	13/6 WE	BSTER 37	,
5. SEX 6. COLOR OR I		ARRIED.	8. DATE OF BIRTH	Q ACE (In vegral	
E W/.		DIVORCED (Specify)			donths Days Hours Min.
IOA. USUAL OCCUPATION (Give	ekindef IOB. KIND O	F BUSINESS OR	AUG. 26 - 1867 11. BIRTHPLACE (State or	foreign country)	1 12. CITIZEN OF
work done during most of working life, even if	retired)	INOUSTRY			WHAT COUNTRY
13. FATHER'S NAME	IOWN	TOME	MARYLAND		U.S.A.
13. FATHER S NAME			14. MOTHER'S MAIOEN I	NAME	
THEODOR	E BRAUN	/	ELIZABETH	SMITH	
15. WAS DECEASED EVER IN U.S. (Yee, oo or unknowo) (If yee, give war	ARMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT		AODRESS 312 WEBSTER
- No		SECORITI NO.	JOSEPH T. A	HASSELBER	
18. 422.1		CALICE		171-21-1-1	INTERVAL BETWEEN
7 / 1 1		CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDI-		Mine	1. 'O V.	. 111:r.	
(This does not mean the	mode of dying, e.g.,	(A)	rosacas por	my au	ug.
heart failure, asthonia, etc. injury or complication w	hich caused death.)	DUE TO		10	0
ANTEGERE		0			
ANTECEDENT	CAUSES	lex	mines - Scle	was.	
O DISEASES OR CONDITIO	ONS, IF ANY, GIVING	(8)			******************************
RISE TO THE ABOVE CAUS UNDERLYING CONDITI		DUE TO			
Ö		o U	Words	ute.	
<u> </u>		(C)	Je correct		
OTHER SIGNIFICANT	CONDITIONS CON-				
TRIBUTING TO THE DEATH	. BUT NOT RELATED				
19A. OATE OF OPERATION		NDINGS OF OPER	RATION		20. AUTOPSY?
A -	0				YES NO
21A. ACCIDENT. SUICIDE.	218. PLACE	OF INJURY (e. g., i	o or   21C. WHERE DID	(If in Baltimore City,	
HOMICIDE (Specify)	about home, farm	factory, street, office bldg.,	etc.) INJURY OCCUR?		
21D. TIME (Month) (Day)	(Year) (Hour)   216	. INJURY OCCURR	ED 21F. HOW OID, INJUE	EY OCCUR?	
OF INJURY	WHI	E AT NOT WHILE		(	
		RK L AT WORK	11 10 50 A	1100-15	M
22. I hereby confify that	attended the de	ceased from	un 10, 1900, 1019	19:	that I last saw the
deceased alive on		d that death decur	rred at John., from		the date stated above.
23 SIGNATURE	1 1		38. ADDRESS 6 P	10 0	23c. DATE SIGNED
helly (11 De	reusich	M. D.	1007 2. Cla	No /W.	8/5/20
24A BURIAL, CREMA- 24B. D	ATE 240	NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, tow	n, or county) (State)
01.0.0	11-50	ALV CRACE	2000	11. A	00 110
	TRAR'S SIGNATURE	OLY CROSS	CEM. 25. FUNERAL DIRECTOR	A. A	ADDRESS
LOCAL REGISTBAR	INAR S SIGNATURE	A A SOM	20. FUNERAL DIRECTOR	10	5 N/
AUG 7 - 1950 Hand	ruston Millia	ille, My	Sugavelle 1ta	rle Jus. 11	5-8. West AY



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6844 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) George Quickley 8-3-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN Baltimore City Hospitals (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue Baltimore D. STREET ADDRESS, (If rural, give location) Yrs. Mos 2429 ? Buchanan-Street c. Length of stay in Baltimore Davs 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) If Under | Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male Widowed July ?? Negro 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mose (D) Racheal Hawkins (D) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 4940 (Yes, no or unknown) SECURITY NO. Records\* Balto. City Hospitals Eastern Ave INTERVAL BETWEEN CAUSE OF DEATH 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Bilateral Thromboplebitis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arteriosclerotic Heart Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) ... RTI 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 CA YES Y NO 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 19 50 that I last saw the 22. I hereby eertify that I attended the deceased from 50 and that death occurred at 10:15m. from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 8-4-50 M. D. 24A. BURIAL, CREMA-TUN, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 248, DATE 240/LOCATION (City, town, or county) Durial DATE RECEIVED BY REGISTRAR'S SIGN 25. FUNERAL DIRECTOR ADDRESS AUG 7 - 1950

VS 150



## BALTIMORE CITY HEALTH DEPARTMENT

50 6845

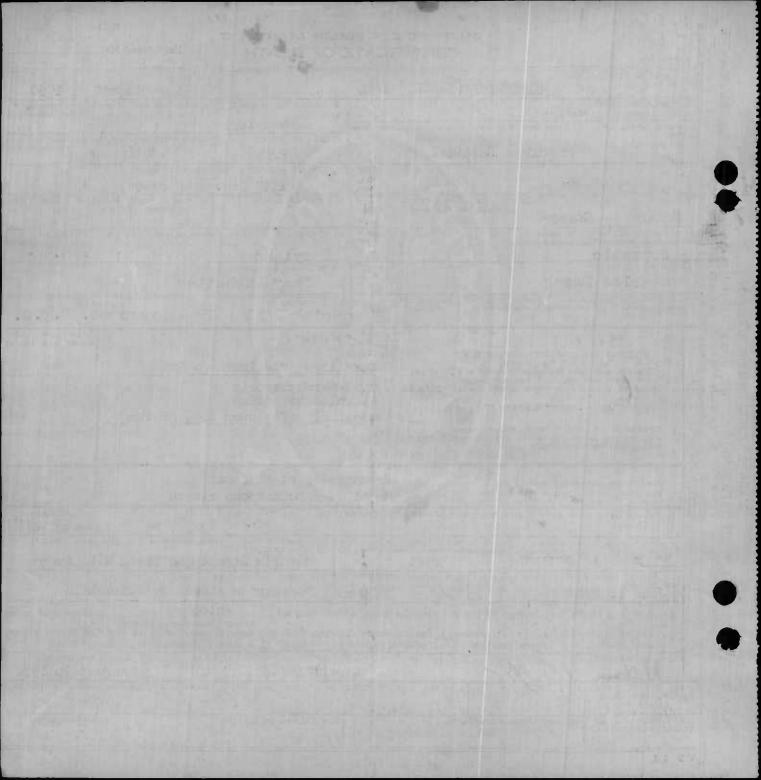
BIRTH NO.	,	CERTIFICA	TE OF DEATH	Registered	No.
1. NAME OF (Type or Print)		HERINE (KATIE) HALI	,	2. DATE OF DEATH AUS	gust 2, 1950
	City, Maryland		4. USUAL RESIDENCE (	Where deceased lived, I B. COUNTY	f institution : residence before admissio
B. FULL NAME HOSPITAL OR INSTITUTION		al or institution, give street address locatio	c. CITY OR TOWN (I	f outside corporate limi	its, write RURAL and gi
34	Provider	nt Hospital	Bronx D. STREET ADDRESS (If	rural give location)	
c. Length of	stay in Baltimore	Mos Day	7/70 64	rens Street	
5. SEX Female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year K Under 24 Ho Onths Days Hours Mi
ork done during mos	CCUPATION (Give kind of t of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S			14. MOTHER'S MAIDEN N		
15. WAS DECEA Yes, no or unknown	SED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Ralph Hall 14	19 Stevens	St. N.Y.C.
DISEAS O RISE TO	LEADING TO DEA cs not mean the mode elure, asthenia, etc. It mes r complication which ANTECEDENT CAUSE ES OR CONDITIONS, THE ABOVE CAUSE (A) LYING CONDITION LA	of dying, e.g., (A)	ralized arterioscl Nephrosclerosis Pulmonary edema ess of left lower	•••••••••••••••••••••••••••••••••••••••	
TRIBUTIN	II SIGNIFICANT COND IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED Man +	ture of right femu		
U 19A. DATE	OF OPERATION 1	98. MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?
21A. EXTER UNE TYPE UTING AS EXTERNAL SERVICE OF LINJURY	Y OCCUR?	Hill Avenue			
June .		? m. WHILE AT NOT WHIT AT WORK	Λ	truck by aut	
the co	vidence obtained by	ge of the remains described said Autopsy, Inspection or resulted from: natural caus	Autopsy, Inquiry, find that said d	Itopsy Inspection or Inquiry ceeascd dicd on t , homicide,	he day stated above
23A SIGNA	com V Boots	4	238. CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGAT	EXAMINER A	ugust 3, 1950
THE REMOVAL	Specify 8-7-	. 50 mt. au	lung D	action gity, town	ne- m
DATE RECEIV LOCAL REGIS	TRAR RAMANA	s signature.	25. FUNERAL DIRECTOR	a Hemst	ADDRESS 5780

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## BALTIMORE CITY HEALTH DEPARTMENT

6846 50

Registered No.

	NAME OF D					2. DATE ATT	. 4, 1950
	pe or Print)		stephon	ies Johnson		DEATH	
A. ]		City, Maryland	al or institut	tion, give street address or pitals location)	4. USUAL RESIDENCE (VA. STATE Maryland	B. COUNTY	before admission)
INS	STITUTION	4940 Easter		ue	Baltimore	2-	its, write RURAL and give township)
		tay in Baltimore		20 Yrs. Mos. Days	715 S. Bond	treet	
	ale	6.COLOR OR RACE White	7. SINGL WIDOV Sing	E. MARRIED, VED, DIVORCED (Specify) 10	Dec. 2, 1884	last birthday)	Winder 1 Year H Under 24 Hours Ionths Days Hours Min.
10A work	done during most	CUPATION (Give kind of of working life, even if retired)  AMAM	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f Sweden	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	Eric Jo				14. MOTHER'S MAIDEN N Brita Englar		
15. (Yes,	WAS DECEASI	ED EVER IN U. S. ARMEC	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
CATION	heart failu injury or DISEASE: RISE TO T	LEADING TO DEA' i not mean the mode of re, asthenia, etc. It mea complication which of the complication which of the complication which of the complication which of the complication which complication with the complication of	f dying, e,; ns the diseas aused death SES F ANY, GIVII STATING T	(B) Hypert	horax ensive Cardio Va	scular Disea	se, with failur
CERTIFI	TRIBUTING	II GIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 1	NOT RELAT	ED		7	20. AUTOPSY?
EDIC		8.2.50 ENT WAS UNDER. R CONTRIBUTING	LEF 21B. PL. about home,	ACE OF INJURY (e. gl in farm, factory, etreet, office bldg.,	a or 21c. WHERE DID (INJURY OCCUR?	MANT HYPERTER	give exact location)
Σ -		(Month) (Day) (Year)	` '	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	_	Y OCCUR?	
		live on Aug 4		and that death occur	red at 7:10 Pm, from to 39. ADDRESS		
24	A. BURIAL,	US. C	133	M. D. 24C. NAME OF CEMETE	4940 Eastern Ave	onue OCATION (City, tow	
TIOI	N, REMOVAL (S	8-7-	50	mr. Co	armel 25. FUNERAL DIRECTOR	Balterer	no her
	CAL REGIST		- 1/11:		9 10 10	0 / 40	202016
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-	30		BAL	TIMORE CITY H	EALTH DEPART		50 6847
	IRTH NO.	4		CERTIFICAT	E OF DEAT	H Registe	red No
(T	NAME OF D Type or Print)	Mary E	. Hoffm	an	1	2. DATE OF DEATH	8-3-50
Α.	Baltimore (	City, Maryland		j.more ion, give street address or	A. STATE	ENCE (Where deceased liv B. COUNT	
H	OSPITAL OR	1621 N. Dur		location	C. CITY OR TOWN	•	e limits, write RURAL and towns
		tay in Baltimore	Lif	Days	1621	N. Durham Stre	
	F	6. COLOR OR RACE	w Wild	E. MARRIED. PED DIVORCED (Specify	6-20-64		Months Days Hours 1
worl	Hou	CUPATION (Give kind of of working life, even if retired) SEWIFE	10B. KIND	OF BUSINESS OR INDUSTRY		State or foreign country)	USA
	FATHER'S	Philip Mehr			14. MOTHER'S MA Unkr		
15 (Yes	. WAS DECEASE a, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or date)	FORCES? of service)	16. SOCIAL SECURITY NO.	Mr. Hoffman	son 1621 N.	ADDRESS Durham Street
RTIFICATION	DISEASES	complication which c ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA	ES ANY, GIVIN STATING TH	(B)			
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
CAL				FINDINGS OF OPER	RATION		20. AUTOPS
ED	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			YES NO
Σ	21D. TIME ( OF INJURY	Month) (Day) (Year)		VHILE AT NOT WHILE WORK		INJURY OCCUR?	
	deceased al	TURE 1.	ended the	deceased from and that death occur	red at 11 m.	from the causes and	23c, DATE SIGN
TIC	N. REMOYAL (S.	Pecify) 8-7-5		St. Paul's	RY OR CREMATORY	Baltimore	Md. (Sta
	ATE RECEIVED	D BY   REGISTRAR'S			25. FUNERAL DIR Lilly & Ze		ADDRESS
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PLEASE WRITE LAIC, WITH UNFA

	CERTIFICAT	EALTH DEPARTMENT FE OF DEATH Registered No	0 6849
	BIRTH NO.  1. NAME OF DECEASED	1 2. DATE	
	(Type or Print) EDITH CAPLAN		t 6, 1950
	3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If in a. STATE B. COUNTY	stitution: residence before admission)
61	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location		write RURAL and give
	3915 Forrest Park Avenue	Baltimore /5	township)
	Yrs. Mos. c. Length of stay in Baltimore Days	2075 Farment Paula America	
	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify female white single	, 12	der I Yeer If Under 24 Hours hs Days Hours Min.
we	10A. USUAL OCCUPATION (Give kind of ork doard during most of working tite, even if retired)  INDUSTR'		2. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	Horna Warabae	eh /
o	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yee, give war or dates of service)  16. SOCIAL SECURITY NO.	Mellow Caplans - ADE	James
TELOATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	prevenia Bullan poliony nery edema Branchapnenna nonavy edema	selitio
FPT	TO THE DISEASE OR CONDITION CAUSING IT.		.
1	1 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	YES X NO
MEDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF DEATH.	RED 21F. HOW DID INJURY OCCUR?	c exact location)
	22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause 23A. SIGNATURE	above, held an Autopsy Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the S. A. accident , suicide , homicide , unc ASSISTANT MEDICAL EXAMINER	DATE SIGNED gust 7, 1950
0	246. BURIAL, CREMA- 248. DATE 249. NAME OF CEMET TION, REMOVAL (Specify) 7-7-5 Letter 17 DATE RECEIVED BY LOCAL REGISTRAR S SIGNATURE LOCAL REGISTRAR	Noh Gatt	(State)
	AUG 7 - 1950 1 when ton Miliane, May	fuch peros me 21000a	low 10
11	V S 151	2 1 1 3	6

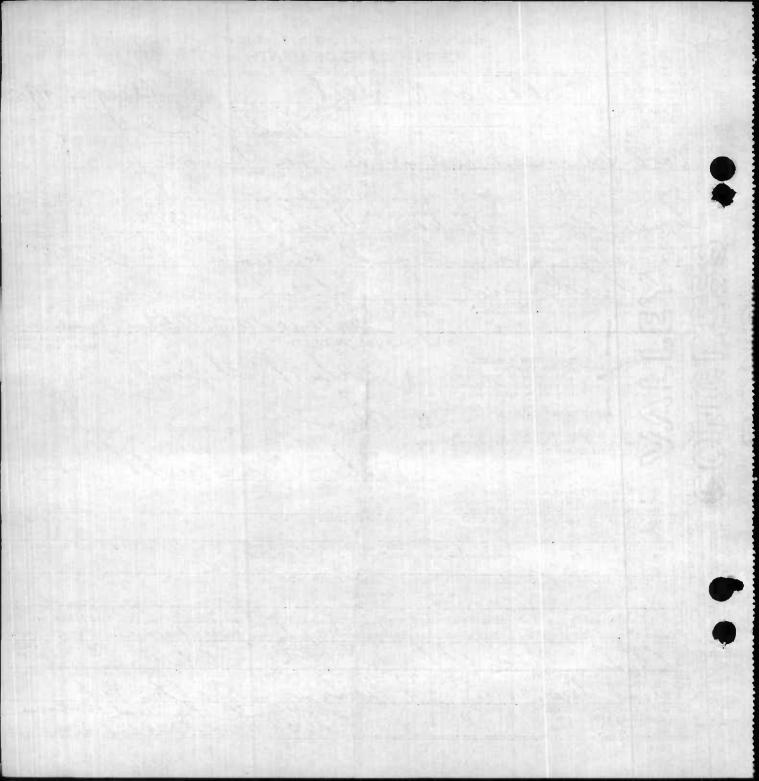
Shoned mud, Exem Office 8-8-50 Dr. Durlicher authorgen Conceten Letter in document file 50-6849-8/11/50.

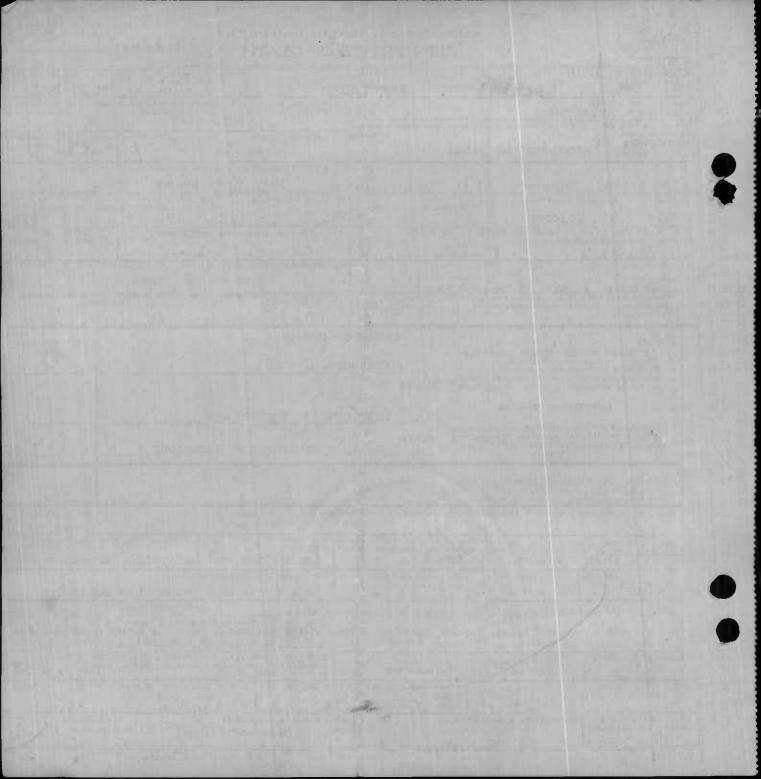
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0		540		FO 0000
The	Bi	6850 RTH NO.	CERTIFICATE OF DEATH  Registe	red No
	(T	NAME OF DECEASED ype or Print)	ura O'heil 2. DATE OF DEATH C	Zug. 4, 1950
supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital of	4. USUAL RESIDENCE (Where deceased liver institution, give street address or	
lly s	H	DISPITAL OR Soling Can		2 limits, write ivulta L and give township)
40	6	Length of stay in Baltimore	Yrs. D. STREET ADDRESS (If regal, eve location of the Days)	Fring Lane
ald k	5.	Emple Colored 7	V. SINGLE, MARKLED, WIDOWED, DIRECTO (Specify) 8. DATE OF BIRTH 9. AGE (1) yet last hirthday	Months Days Hours Min.
n shor	1 C worl	A. USUAL OCCUPATION (Give kind of 1 adopted uring most of working Mie, even if retired)	OB KIND OF BUSINESS OR II. BIRTHD OFE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
information should soft death clearly an	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	200
infor s of d	15 (Ye	. WAS DECEASED EVER IN U. S. ARMED F , no or unknown) (If yee, give war or dates of	ORCES? 16. SOCIAL SECURITY NO	ADDRESS 1609
em of i		18. 4U2X	CAUSE OF DEATH	INTERVAL BETWEEN
item		DISEASE OR CONDITION DI LEADING TO DEATH	I Shelly	ONSE! AND DEATH
Every ite		(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau	the disease,	
		ANTECEDENT CAUSE		1
INK.	TION	DISEASES OR CONDITIONS, IF A	TATING THE DUE TO	
	V	UNDERLYING CONDITION LAST	P. L. March R. 1	8-1-82
4 4:0	RTIFI	OTHER SIGNIFICANT CONDITI		
UNF. Physi	CE	TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION OF 19A. DATE OF OPERATION 19B		20, AUTOPSY?
WITH rtant.	AL	ISA. BATE OF OFERATION O	, MAJOR THIBINGS OF OFERATION	YES NO
Y, WITH	MEDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office hldg., etc.)   INJURY OCCUR? (If in Baltimore of INJURY OCCUR?)	City, give exact location)
	2	21D. TIME (Month) (Day) (Year) (FOF INJURY	Aour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT W	
PL		22. I hereby certify that I atten	nded the deceased from 1-4, 195 Tto 1-4,	19 & Ahat I last saw the
-5-		deceased alive on	19 Cand that death occurred at m., from the causes and	on the date stated above.
WR.		Chale ! NO	20 Med M.D. X 6/ Hterlan /4	8-7-60
SE W	2. I	TA. BURIAL, CREMA- 248. DATE	246. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City,	town, prounty) (State)
PLEASE WRI		ATE RECEIVED BY REGISTRAR S	SIGNATURE 25 DONES DIRECTOR JUNE	al Aportinu
F 00		UG 7-1950 tuntingto	1651 Drivel CX	ill are
		VS 150		1310
	33		TO A CONTRACTOR OF A CONTRACTO	1-1-

TO BUILDING A B 4 G





Records\* Balto. City Hospitals Eastern INTERVAL BETWEEN ONSET AND DEATH Intertrochanteric Fracture of left hip. CERTIFICATION APPROVED BY 20. AUTOPSY Open reduction and insertion of Blount plate (If in Baltimore City, give exact location) 8 Fell at bottome of steps. 19 50 that I last saw the 12:115. From the causes and on the date stated above. 23c. DATE SIGNED 8-5-50 24D LOCATION (City, town, or county) LOCAL REGISTRAR -VS 150

before admission)

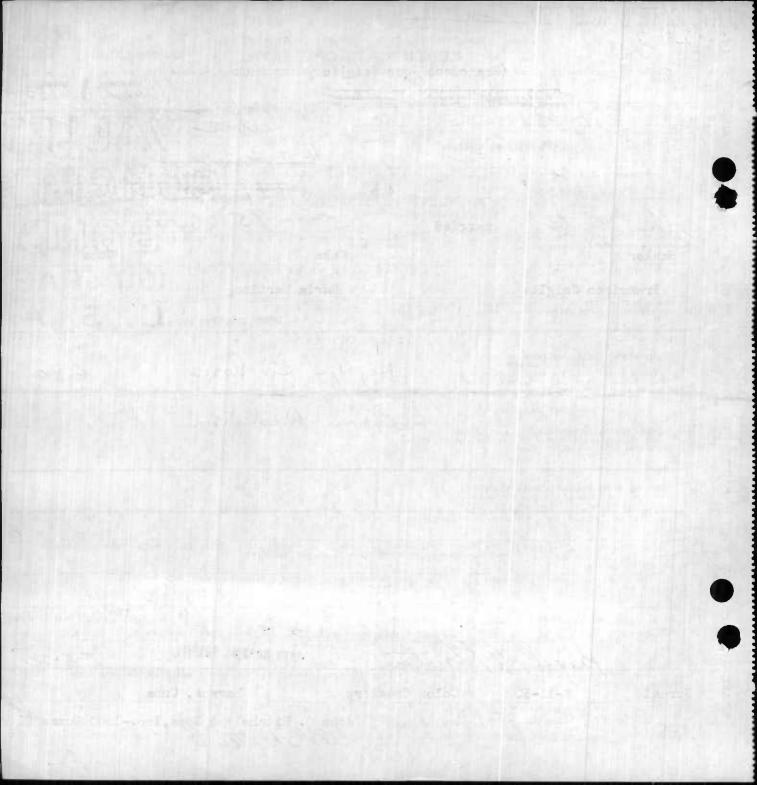
12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

4940

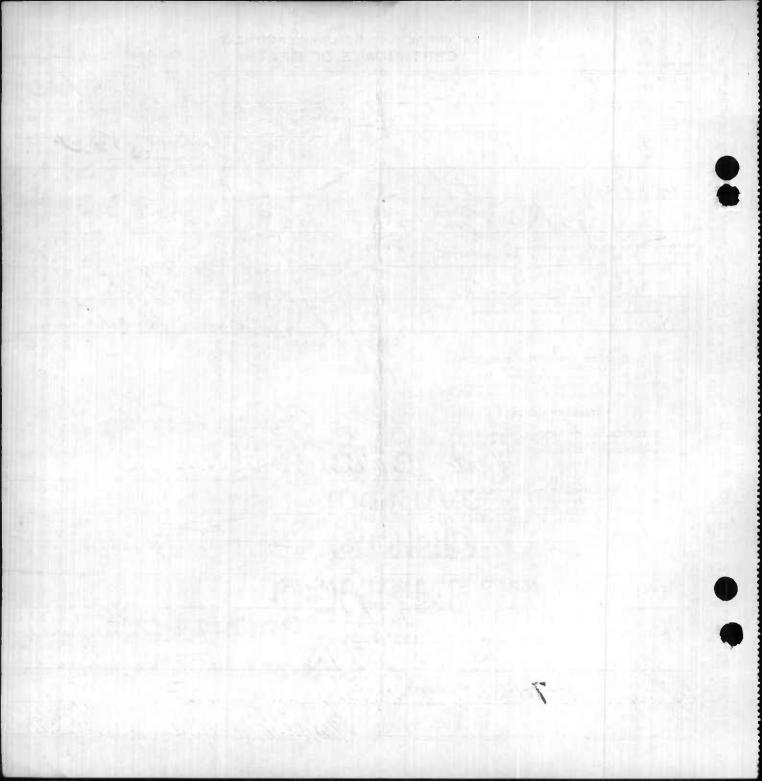
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tem of	s causes
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UNFADING	Physicians:
Y, WITH	mportant.
	N
WRIT PLA	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
PLEASE	correct ag

N		300			50	000
The	5( BI	0 6854 RTH NO.	CERTIFICATE		Registered No.	0804
	(T	NAME OF DECEASED  Spe or Print) Pearl Blace	t White		2. DATE OF DEATH Clugus!	+7,1950
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in	nstitution, give street address or	A. STATE	B. COUNTY	before admission)
ly s	H	OSPITAL OR )	location)	1100	outside corporate limits, wr	ite RURAL and give township)
legibl	c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (II)	rural, give location) Place	
uld i	5.		INGLE, MARRIED /IDOWED, DIVORCED (Specify)	aug 8, 1406	9. AGE (In years if Under last birthday) Months	1 Year If Under 24 Hours Days Hours: Min.
n should clearly a	1C worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  HSW.	. KIND OF BUSINESS OR INDUSTRY	Weston 1, 2		WHAT COUNTRY?
NDING information s of death cle	13	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
DINC nform of de	15	WAS DECEASED EVER IN U. S. ARMED FORCE	CES?   16. SOCIAL	tstay Bu.	ADDR	ESS
BINDIN of infor	(Ye	s, no or nnknown) (If yes, give war or detes of serv	vice) SECURITY NO.	George 1. Chi	urch Wagnes	boro, Pa.
R em cat		18. 176 X 1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
1 5 th	NOITI	DISEASE OR CONDITION DIRE  LEADING TO DEATH  (This does not mean the mode of dyin heart failure, asthenia, etc. It means the	ng, e. g., (A)	-6 inoma of	Vulva	8 mos-?
2		injury or complication which caused  ANTECEDENT CAUSES	death.) DUE TO Z ge	enevalized	Ime tastasis	
RESERVED 3 INK. Ever please write		DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.		A	<b>%</b>	
GIN OIN	FICA		(6)			
MARGIN EUNFADING Physicians: p	CERTIFIC	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED	Vy Walle		
H.	AL C		AJOR FINDINGS OF OPER			20. AUTOPSY?
Y, WITH important.	EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) abou	B. PLACE OF INJURY (e. g., in at home, ferm, factory, street, office bldg., e		f in Baltimore City, give	
	Σ	21D. TIME (Month) (Day) (Year) (House	WHILE AT NOT WHILE		OCCUR?	
PLA		22. I hereby certify that I attended the deceased from Qua. 4, 1950, to Qua 7, 1950 that I last saw the				
RIT PLA		deceased alive on Occo 7, 19	10000	red at 2:05Am., from t		DATE SIGNED
PLEASE WRIT		4A. BURIAL, CREMA- 24B. DATE, ON, REMOVAL (Specify) 8-10-5	O Memorial	Park Wate	OCATION (City, town, or co	ounty) (State)
PLEA	LD	ATE RECEIVED BY REGISTRAR'S SIC	SNATURE WALLE	25. FUNERAL DIRECTOR John O. Mitche	1/4 Sons. Inc. AD	DRESS
		VS 150	MINICHE, ME	The state of the s	1700 - 410	0 / 10-0

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	HAVE BUT TO BUAD OUT PLET	
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MARGIN RESERVED FOR BINDING

LC2 5	-0
90718 BIRTH NO.	6856
1. NAME OF (Type or Print	

VS 150

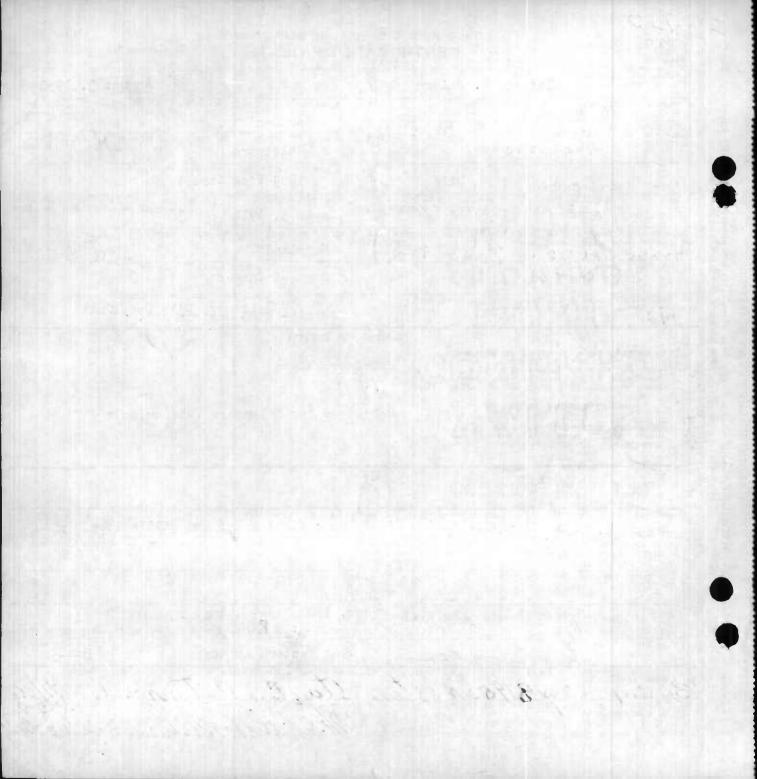
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

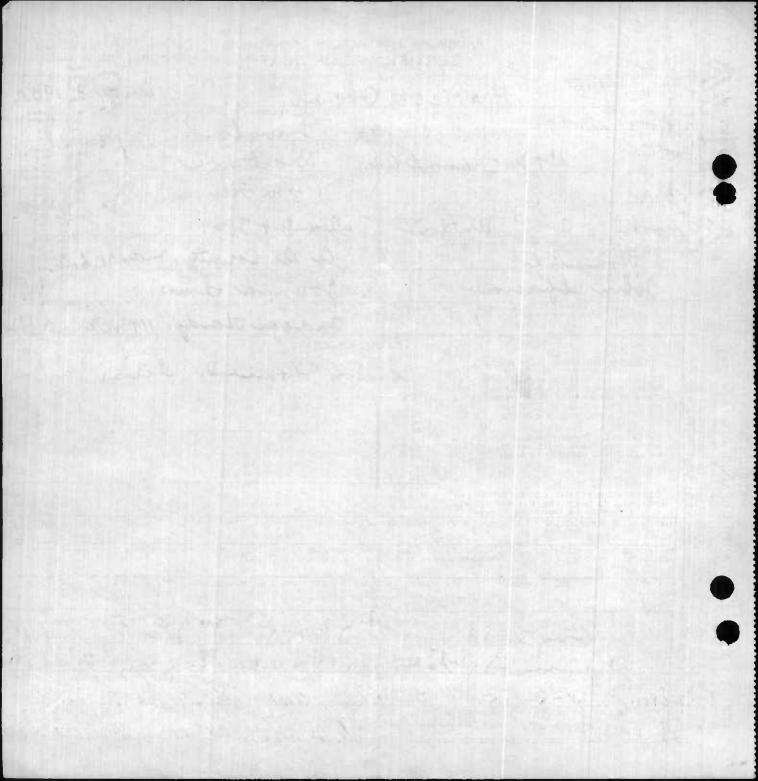
50 6856 Registered No.

BI	RIH NO.							
(T:	NAME OF Domesting (NAME OF Description)	Florer	ce M, E	aison		2. DATE OF AUGU	ist 3, 1	L950
A.	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE (*) A. STATE Maryland	Where deceased lived, I B. COUNTY	f institution : befo	residence ore admission)
B. IN	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) INSTITUTION 4940 Eastern Ave.				c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore townshlp)			
		stay in Baltimore		ife Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 1803 Vine Street			
1	sex Pemale	6. COLOR OR RACE	7. SINGLE WIDOW Marrie	MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH Sept. 5, 1911	9. AGE (In years last hirthday)	Munder I Year Ionths Days	Hours Min.
work	done during most	CCUPATION (Give kind of of working life, even if retired)	DOM	OF BUSINESS OR INDUSTRY	Maryland		12. CITIZ WHAT	EN OF COUNTRY?
13	FATHER'S	name les Crawford	TEAL.		14. MOTHER'S MAIDEN N Rachael Thomas	AME		
15. (Yes	WAS DECEAS no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Records- Light inc	re City Hosp	ADDRESS IT als	-
CERTIFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  (A) Pulmonary Edema  OUE TO  (B) Lobectomy for Pulmonary Tuberculosis  OUE TO  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OPERATE OF TRIBUTING TO THE OPERATE, BUT NOT RELATED							
			OR MA IOR	FINDINGS OF OPE	RATION Lung; Right upper	and middle	10be <sub>YES</sub> [	NO [
EDICAL	21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in or LYINGE) OR CONTRIBUTING:  about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?  (If in Baltimore City, give exact location) INJURY OCCUR?							location)
210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCURRED NOT WHILE AT WORK AT WORK								
	22. I hereby certify that I attended the deceased from Nov. 17, 1944, to Aug. 3, 1950, that I last saw the deceased alive on Aug. 3, 1950, and that death occurred at 8:20 M from the causes and on the date stated above.							
	23A. SIGNA	TURE S. C	Son	M. O.	4940 Eastern Aven	ue	23c. DA 8-4	TE SIGNED
E	N. REMOVAL (S	West &	1950	AC. NAME OF CEMETE	Star Cen C	a County	Ele	Mode !
LO	TE RECEIVE	RAR RECUSTRAR	S SIGNATU	RE MILLEN	25 PUNERAL DIRECTOR	20/11/	ADDRES:	322

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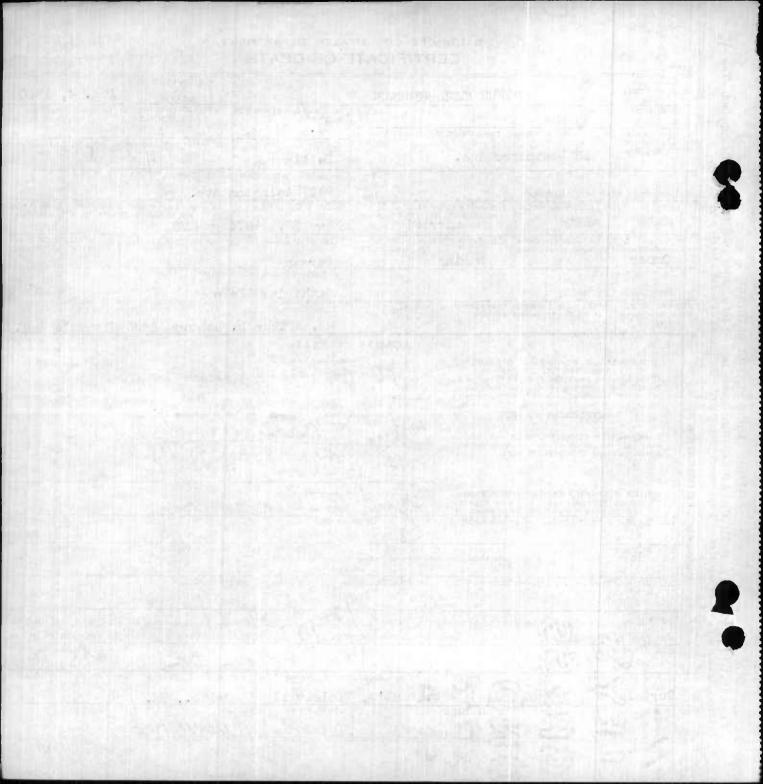


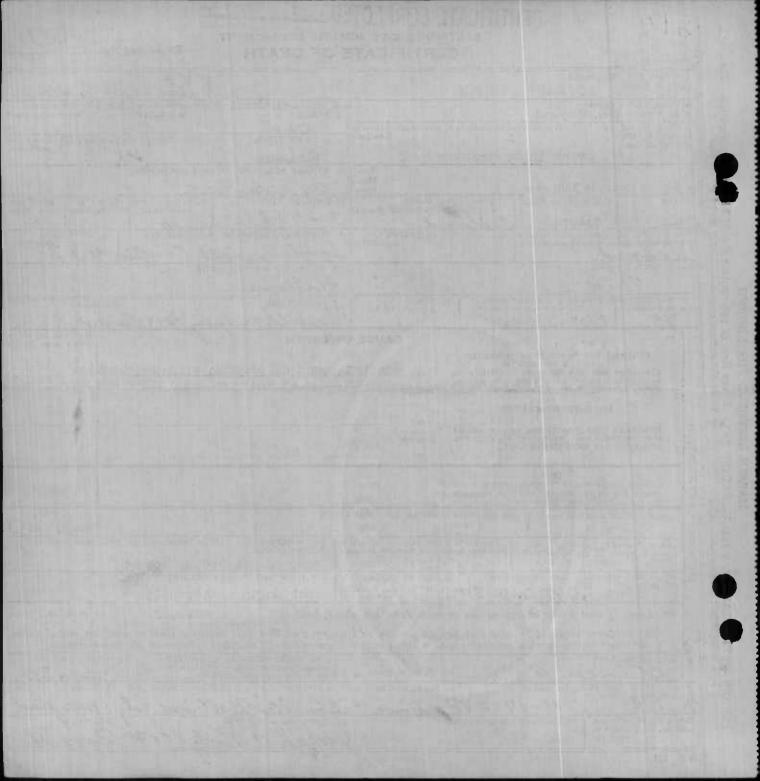
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685
1. NAME OF

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	6858
Registered	No	0000

E		IKIH NO.								
d.		NAME OF DECEASED Type or Print)  AR	THUR (C	ARL LEHMANN		2. DATE OF DEATH	Aug. 4, 1950			
supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence  A. STATE  B. COUNTY  before admission)					
sn		FULL NAME OF (If not in hospit OSPITAL OR	al or institut	ion, give street address or						
ly			A	location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
5	-/	912 Newing	con Ave	•	Baltimore	19	- O Cownship)			
, 4	7			Yrs.	D. STREET ADDRESS (If rural, give location)					
egi.	-	Length of stay in Baltimore		Mos.	912 Newington Ave.					
-	And the said	SEX   6. COLOR OR RACE	7 SINGL	Days Days	8. DATE OF BIRTH 9. AGE (In years If Under I Year   If Under 24 Hours					
d %		male white	WIDOV	VED, DIVORCED (Specify)	last birthday)   Months; Days   Hours; Min.					
				married	May 30, 1874 76					
clearly	10 worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?			
		Owner	Bak	ing	Germany		WHAT COUNTRY?			
tio h	13	B. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
death										
de		August Lehmann			Catherine Klein					
of information uses of death cle	(Ye	5. WAS DECEASED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
f i		no			Mr. Arthur H. L.	ehmann 2823	Glandala Ave.			
em of i		18. 443 Y		CAUCE		JIMIATHI COLO	INTERVAL BETWEEN			
		1/ -/		CAUSE	OF DEATH		ONSET AND DEATH			
y it		DISEASE OR CONDITION LEADING TO DEA	DIRECTLY	14 -	1081	•				
		(This does not mean the mode of	of dying, e.	g., (A)	118 gree Meurona					
Ever		heart failure, asthenia, etc. It mes injury or complication which of	ns the diseas	se,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
WE			Humbas trende to Wall				lu l			
Se .	_	ANTECEDENT CAUS	SES			011				
INK	0	DISEASES OR CONDITIONS, I	F ANY CIVII	(B)	O Complete Vanc	Que of seal				
	Ě	RISE TO THE ABOVE CAUSE (A)	STATING T	HE DUE TO	10 400	> AP				
S.S.	CA	UNDERLYING CONDITION LA	IST.	16	frem perg.	19079				
DI	FIC	(c) Thy williams of								
UNFADING Physicians:	RTIFICATIO	11			4					
N. P.	E	OTHER SIGNIFICANT CONDI			and an and		15 6 W M M			
54	U	TO THE DISEASE OR CONDITION CAUSING IT.			was worde	1000				
田 .	J	19A. DATE OF OPERATION	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?			
WITH rtant.	CA		,				YES NO			
rta		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PL	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		in Baltimore City,	give exact location)			
bo bo	EDI	monney (opens)	unone nome,	and any another y and obey drawed and and and	THE SKY COOK!					
LY, WITH	Σ	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR7				
>		OF INJURY		WHILE AT   NOT WHILE	<del>/</del> 1	, 11				
<u> </u>		200	m.	WORK AT WORK	/	1.1				
-3		22. I hereby certify that I att	ended the	deceased from	1950 to 8	/ 4 . 19.	that I last saw the			
espe		deceased alive on 8/3-		and that death occur	red at 3 m. from th		the date stated above.			
		23A SIGNATURE	1 4		38. ADDRESS	o currous and on	23C DATE SIGNED			
VR		Anno Pel IVIV	Links	, 2	3009 Evergee	ave	219710			
ge W	2	4A. BURIAL CREMA- 245 DATE	1111/17	M. D.	RY OR CREMATORY 24D. LC	CATION (City, tow)	n. or county) (State)			
田田田	TION REMOVAL (Specify)					CATION (CIL), ION	or councy) (butte)			
LA ect						to. Md. A				
PLEASE WRI		ATE RECEIVED BY REGISTRAR	SSIGNATI	JRE	25 FUNERAL DIRECTOR	.0/ //	ADDRESS			
200	1	OCAL REGISTRAR	to MI	LEWILL MIER	Ill m. H. Jula	nes I du	is ballo			
	=	TOO FAILE	W. 1100		4 000	1 011	1/1/1/			
		VS 150					V. FINA.			





VS 150

If Under 1 Year

ADDRESS

12. CITIZEN OF

before admission)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

20. AUTOPSY

YES

, 19\_\_, that I last saw the

ADDRESS

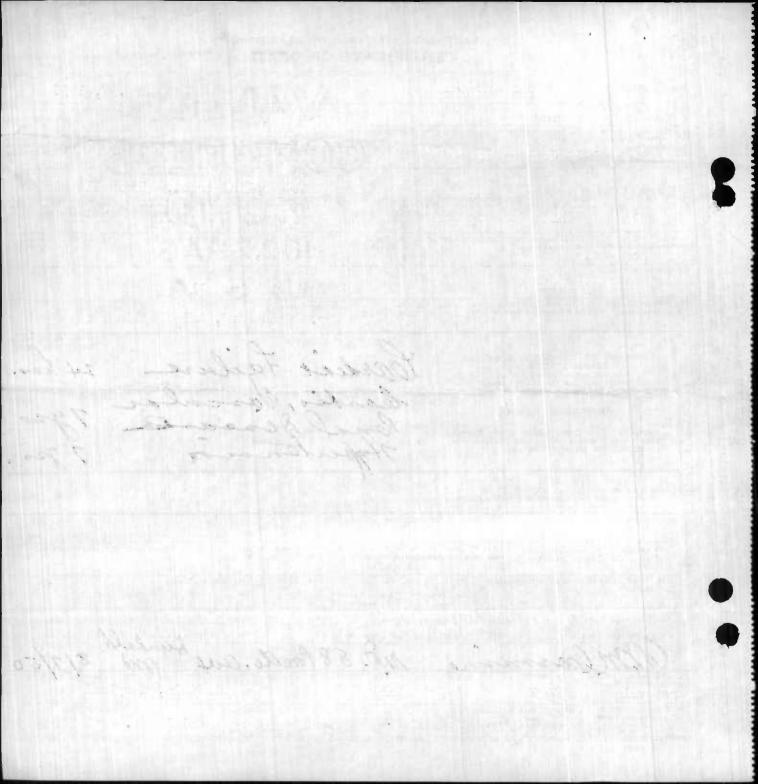
23c. DATE SIGNED

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Registered No.

BALTIMORE CITY HEALTH DEPARTMENT

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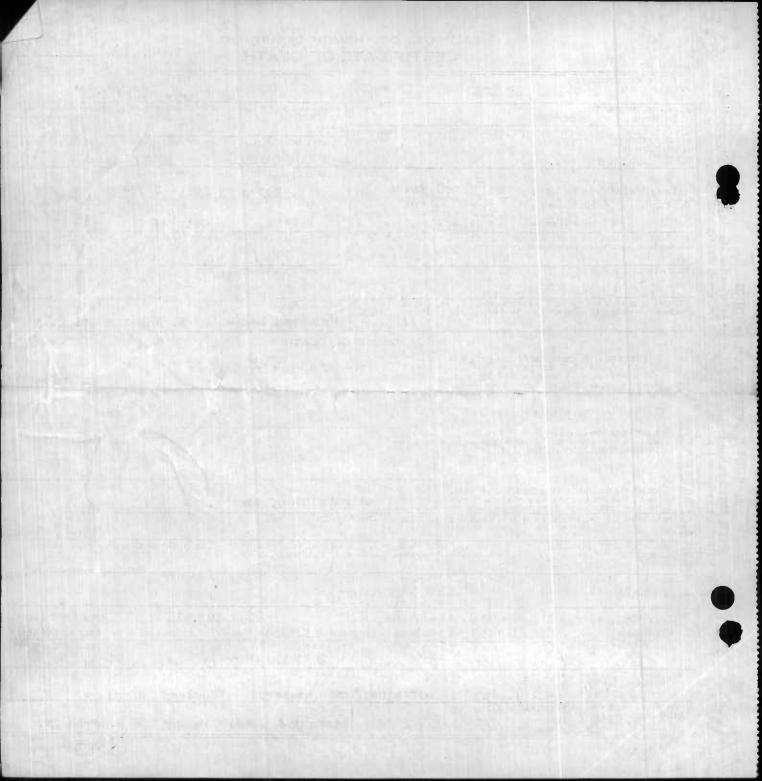


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Registered	No.	000	

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BI	RTH NO.						
	NAME OF C	LEE KE	E TUNG			2. DATE OF DEATH	1/50
A.		City, Maryland			A. STATE	CE (Where deceased lived, B. COUNTY	f institution : residence before admission)
HO	FULL NAME OSPITAL OR STITUTION		al or institut	tion, give street address or location)	c. CITY OR TOWN		its, write FURAL and give township)
2	2305 St.	Paul St.			BALT IMORE	Street Mile State of the	
		tay in Baltimore	?	60 years Mos. Days		s (If rural, give location)	?
5.	M M	6. COLOR OR RACE Oriental	WIDOV	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)  abt. 87	If Under I Year If Under 24 Hours fonths Days Hours Min.
10 worl	A. USUAL OC done during most	CUPATION (Give kind of of working life, even If retired)		OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIL	DEN NAME	
	7				?		
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U, S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. John Lee	- 107 W. Fayet	ADDRESS te St. Ctiv
	18. /-	77 Y	He David	•	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION LEADING TO DEA	DIRECTLY		state carcino		ONSET AND OEATH
	heart failt	LEADING TO DEA's not mean the mode oure, asthenia, etc. It mean complication which	ns the diseas	se,	state carcino	na	
		ANTECEDENT CAUS		,			
Z		ANTECEDENT CAUS	ES	(B)			
RTIFICATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING T				
F		п		_(C)			
CERT	TRIBUTING	GIGNIFICANT CONDI G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELAT	to mal	nutrition, se	vere.	?
				FINDINGS OF OPER			20. AUTOPSY?
Y.							YES NO X
MEDICAL	ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	218. PL	ACE OF INJURY (e. g., i farm,factory,street,office bldg.,	n or 21c, WHERE DIE etc.) INJURY OCCUR1		give exact location)
2	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID I	NJURY OCCUR?	
	OF INSURT		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the			to Aug. 1 , 19	50that I last saw the
						rom the causes and on	
	23A. 5100HA		1/		238. ADDRESS		23C. DATE SIGNED
	6.	Clown	XIII	TOOL M.O.	2431 Maryla		8/1/50
TIC	N. REMOVAL (S					24D. LOCATION (City, tow	n, or county) (State)
		rial Aug. 7			ark Cemetery		yland
	TE RECEIVE	RAR	0 11	Mianus, Mall	Stewart & Mow	en Company 108	N.North Av.
_	VS 150		4				City - 1
			7 7 1000		Will Floor St.		T. 0



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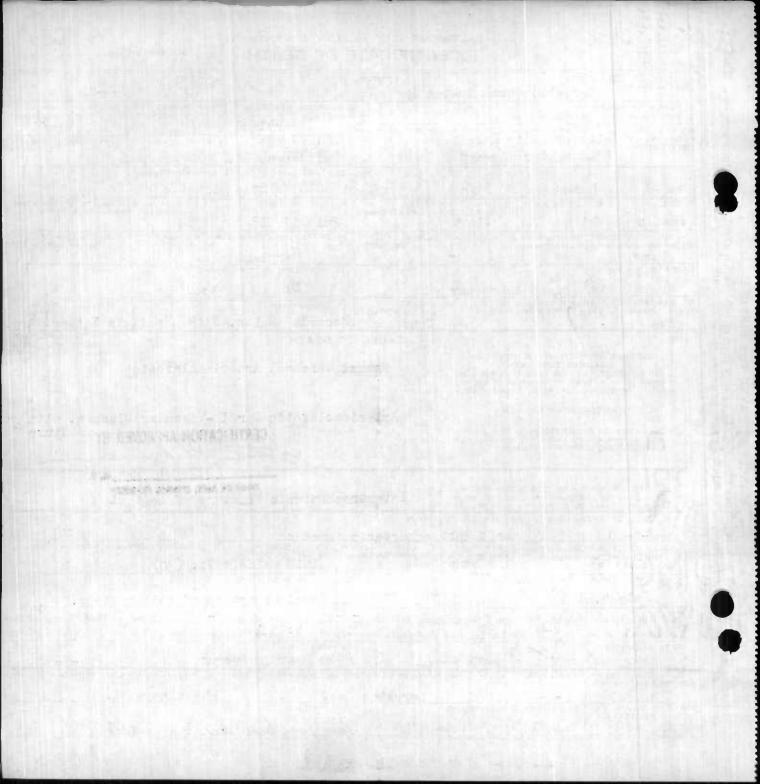
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 6862

186a

	th Austin		2. DATE OF DEATH	3-4-50
: Maryland		II A. STATE	ICE (Where deceased lived, I	f institution; residence before admission)
imore City I 40 Eastern Av	Hospitals location)		(If outside corporate limit	its, write RURAL and give township)
n Baltimore	Yrs. Mos. Davs	D. STREET ADDRES	S (lf rural, give location)	
		8. DATE OF BIRTH	9. AGE (In years last hirthday) M	ff Under   Year on the Days   Hours Min.
TION (Givekindof) 10F		11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
) Jecob Schi	roeder	14. MOTHER'S MAIL	DEN NAME	
R IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS 4940
mean the mode of dyinhenia, etc. It means the henia, etc. It means the lication which caused CEDENT CAUSES CONDITIONS, IF ANY OVE CAUSE (A) STAT CONDITION LAST.	e disease, I death.) DUE TO  Arteri		Ardio-Vascular D	D By failure
ICANT CONDITION HE DEATH, BUT NOT			acture of left l	
WAS UNDER- 2 about	ft Subtrocherteric	fracture	,	yes X NO give exact location)
				steps.
24B. DATE	d the deceased from 7- 0 and that death occur m. o.	red at 6:25mA, f 3B. ADDRESS 4940 Eastern RY OR CREMATORY :	to 8-4, 19.5 from the causes and on the causes and on the Avenue 240. LOCATION (City, town	that I last saw the the date stated above.    23c. DATE SIGNED   8-5-50   (State)
				ADDRESS  To Md
The state of the s	Maryland (If not in hospital or timore City I timore City I to Eastern Av  In Baltimore  DLOR OR RACE 7. So ite  NTION (Give kind of log life, eveo if retired)  D Jacob Schiller I to Eastern Av  A CONDITION DIRE R IN U. S. ARMED FOR yes, give war or dates of service war or dates of service and the mode of dyinenia, etc. It means the lication which caused ECEDENT CAUSES  CONDITIONS, IF ANY BOVE CAUSE (A) STAT CONDITION LAST.  II FICANT CONDITION LAST.  II FICANT CONDITION CAU  ERATION 3 198. M  DOWN WAS UNDER 198. M  A DATE 1950  Legar 1950  Legar 1950  Legar 1950  REGISTRAR'S SIGN  REGISTRAR'S SIGN	Maryland  (If not in hospital or institution, give street address or imore City Hospitals location)  (If not in hospital or institution, give street address or imore City Hospitals location)  (If of the body Hospitals location in the body Hospitals location)  (If of the	Maryland  (If not in hospital or institution, give street address or timore City Hospitals location)  (If not in hospital or institution, give street address or timore City Hospitals location)  (If not in hospital or institution, give street address or timore City Hospitals location)  (If not in hospital or institution, give street address or timore City Hospitals location)  (If not in hospital or institution, give street address or timore City Hospitals location)  (If not in hospital or institution, give street address or timore City Hospitals location)  (If not in hospital or institution, give street address or timore City Hospitals location)  (If not in hospital or institution, give street address or timore City Hospitals location)  (If not in hospital or institution, give street address or timore City Hospitals location)  (If not in hospital or institution, give street address or timore City or town  Baltimore Life Mos. Street address or timore City or town  Baltimore Life Mos. City or town  July 15, 18, 18, 11, 18, 11, 11, 11, 11, 11, 11	Mary Blizabeth Austin    Maryland

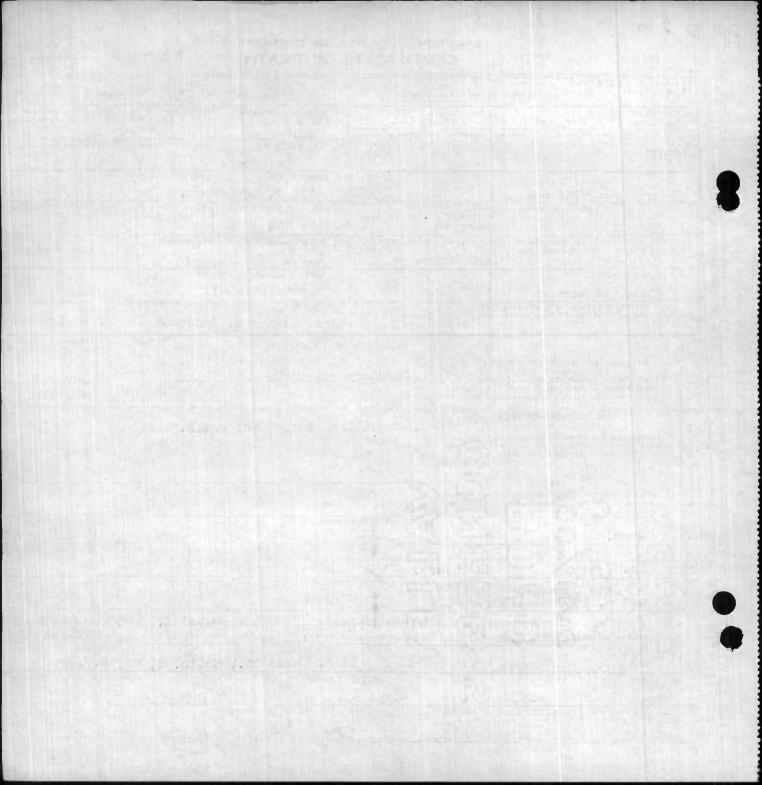
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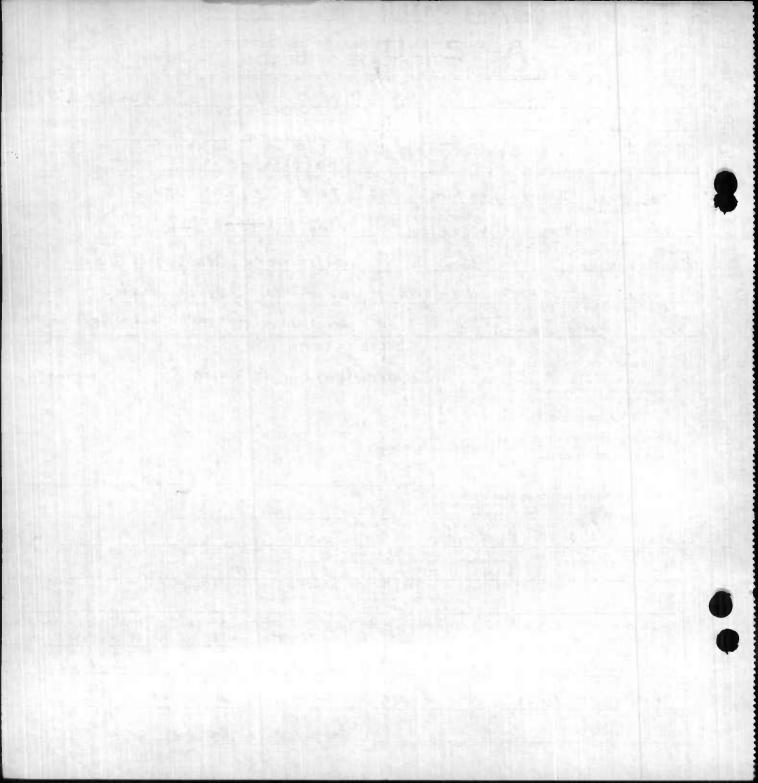


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Registered	No	

BI	RTH NO.						
1. (T)	NAME OF D					2. DATE OF	6.50
			RD LEO	ANDERSON		DEATH	-6-50
A.		City, Maryland 17			4. USUAL RESIDENCE (V	Where deceased lived. B. COUNTY	If institution: residence before admission)
HC	SPITAL OR STITUTION	OF (II not in nospic	ai or instituti	ion, give street address or location)	c. CITY OR TOWN (If	f outside corporate lin	nits, write RURAL and give township)
A.)					Baltimore D. STREET ADDRESS (If		
Yrs. Mos. C. Length of stay in Baltimore					175 S. Morley		0-07
	SEX M	6.COLOR OR RACE	7. SINGLE WIDOW Marr	Days  E. MARRIED.  ZED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 20, 1871	1 9 AGE (In vears	If Under 1 Year   II Under 24 Hours Months Days Hours Min.
10.	A. USUAL OC	CUPATION (Givekind of		OF BUSINESS OR	11. BIRTHPLACE (State or fe	oreign country)	1 12. CITIZEN OF
ork	done during most of	of working life, even if retired)	Piano	INDUSTRY	D. C.		WHAT COUNTRY?
13.	. FATHER'S	NAME	***		14. MOTHER'S MAIDEN N	AME	
	Thomas	Anderson			Martha Mitche	11	
15 Cen	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Jennie 0.	Anderson 175	ADDRESS S. Morley St.
T	18. 420	1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY							ONSE! AND DEATH
1	(This does	LEADING TO DEA		. Coronary	y sclerosis		Several
	heart failu	re, asthenia, etc. It mea	ins the diseas	e,			years.
		ANTECEDENT CAUS					0 000
		ANTECEDENT CAUS	DES	Generali	ized arterioscler	osis.	
	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	VG			
Ē.				(C)		***************************************	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
				FINDINGS OF OPER	RATION		20. AUTOPSY?
	None	•					YES NO X
None.  21A. ACCIDENT, SUICIDE.  CHOMICIDE (Specify)  No.  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  No injury.							, give exact location)
215. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY Date Deceased August 6, 1950 1:30a m. WHILE AT NOT WHILE AT WORK AT WORK							
					ne 5, , 1946, to Al	ugust /. 19	50 that I last saw the
					rred at1:30 am., from t		
	23 S GNA		<u> </u>	2	23s. ADDRESS		23c. DATE SIGNED
	Jul	4, day	er. It	м. р. 1	ll E. Chase St., F	Balto. 2, Md	1. 8.7.50
2.4 TIC	A. BURIAL.	CREMA- 24B. DATE Specify)		24c. NAME of CEMETE	RY OR CREMATORY 24D. L	OCATION (City, toy	vn, or county) (State)
	Burial	8-8-		Rock Creek C		ashington	D. C.
	ATE RECEIVE		L 1/1	lione 11 m	Vm. La Lubner & Su	mes Inc	Ballo md
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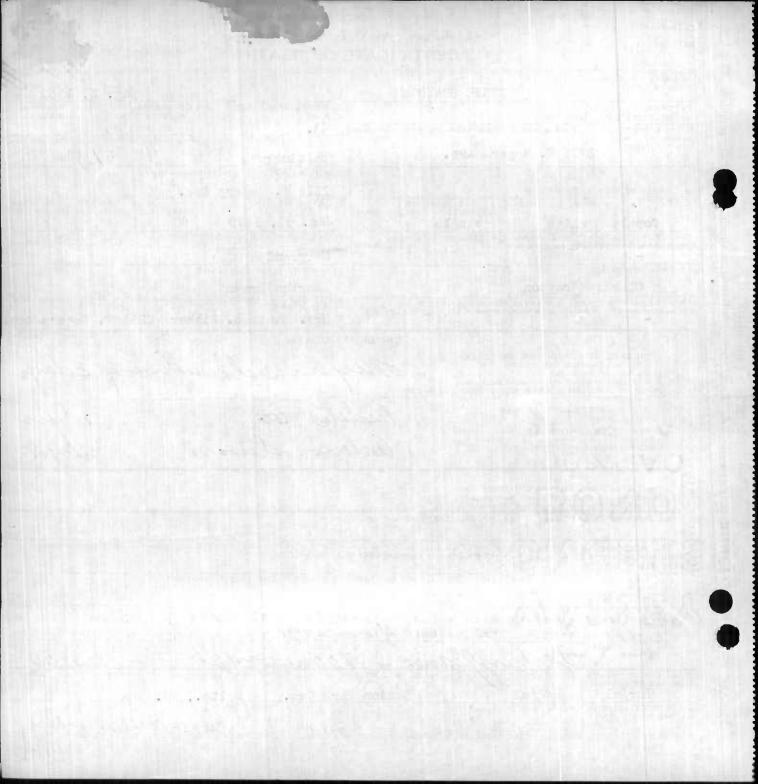




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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

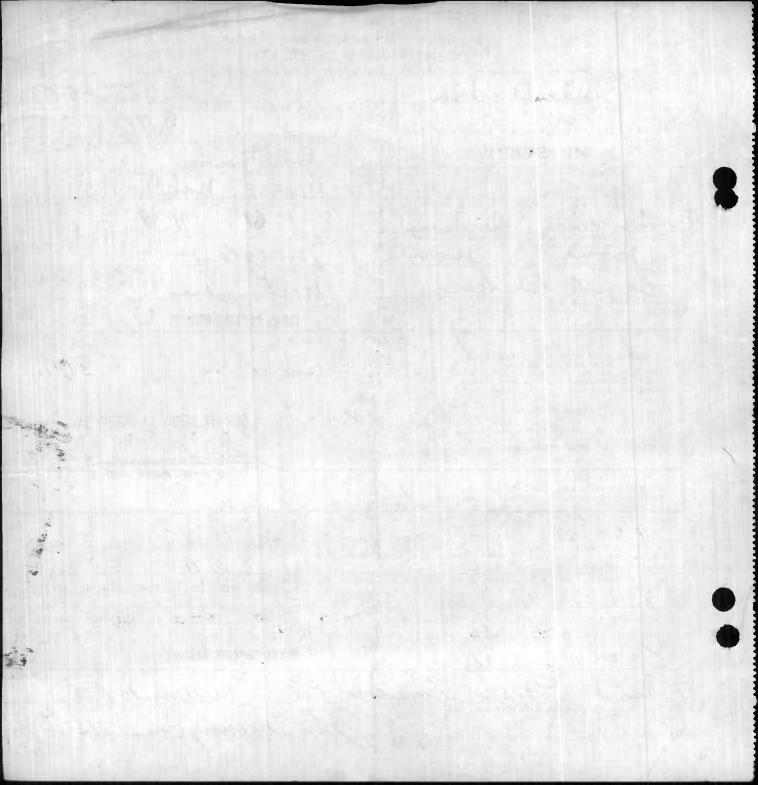
Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) fully supplied. OF SUSIE GRAYDON Aug. 3, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2211 W. Rogers Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore 2211 W. Rogers Ave. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. Jan. 11, 1870 white single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Graydon Martha Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 2211 W. Rogers Ave. Mrs. Mamie B. Fisher INTERVAL BETWEEN CAUSE OF DEATH 60 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ocardial surfruence LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: RTIFI ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from June 15 1948 to levy 3 , 1950 that I last saw the , 1950 . and that deal occurred at 1145 m., from the Jauses and on the date stated above. deceased alive on leng 3 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE Burial Loudon Park Cem. DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR maretre



Registered No. 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) BALT CITY (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) AMONA AGE (In years | H Under | Year | H Under 24 Hours | Months Days | Hours | Min. 9. AGE (In years) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? US. ADDRESS NEUBERGER NTERVAL BETWEEN DNSET AND DEATH SYEARS 20. AUTOPSY? (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? AJG . 1950, that I last saw the and that death occurred at 240 pm., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS 1000 VS 150

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	2	)-26 MED, EXAM. CASE RELEASED	to Hosp. 50 6867
		50 6867 BALTIMORE CITY H	EALTH DEPARTMENT
The	ВІ	CERTIFICAT	E OF DEATH Registered No
	1. (T	NAME OF DECEASED Dype or Print)	2. DATE. OF DEATH Change 5, 1950
supplied		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution residence A. STATE B. COUNTY before admission)
suj	В.	FULL NAME OF (If not in hospital or institution, give street address or location)	
fully fy.		ISTITUTION JOHNS HOPKINS HOSPITA	Bultinene 8-6 5 township)
do Co	C.	Length of stay in Baltimore Yrs.  Days	o. STREET ADDRESS (If rural, give location)
and and	5. F	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 7 9. AGE tin years if Under I Year laybirthden Months: Days Hours Min.
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ttion th c	13	B. FATHER'S NAME	14. MOTHER'S MAJDEN NAME
NG rms dea		Drawk Duker	miknown
BINDING of information uses of death cle	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (a, no or unknown) (If yos, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
of of	_	18. F 9 00 0 CAUSE	OF DEATH INTERVAL BETWEEN
OR ten		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
5 T		(This does not mean the mode of dying, e.g.,	2./ Simple st. nip 21day
VEI Eve		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
RESERVED INK. Ever please write	7	ANTECEDENT CAUSES	レ: A) CERTIFICATION APPROVED BY
RESEI INK. please	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Br. John R. Davis per
. 75	CAT	UNDERLYING CONDITION LAST. (C)	Al Derecle M.D.
RGIN ADING icians:	Ē	4"	CHIEF UR ASST. MEDICAL EXAMINER.
MARGIN UNFADIN Physicians:	ERTI	OTHER SIGNIFICANT CONDITIONS CON-	in a factor
54	U	19A. DATE OF OPERATION , 19B. MAJOR FINDINGS OF OPE	RATION   20. AUTOPSY?
WITH rtant.	CAL	7/24/50 intertionmentin	LIME YES NO
. 0	EDI	21A. ACCIDENT/WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., about home; farm, factory, street, office bidg.	
NLY	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	Slipped and fell down steps, inside
		7/15/50 m. WHILE AT NOT WHILE AT WORK	D Ferriage
P		22. I hereby certify that I attended the deceased from	-13, 1950, to 8 - 5, 1950 that I last saw the
3		deceased alive on 7 -5, 1950, and that death occu	238 ADDRESS 23C DATE SIGNED
W.R.		Himse Treisa Serlin M.D.	IMMS HOPKINS HOSPITA
PLEASE WR		4A. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETI	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
PLEAS	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
PI	L	OCAL REGISTRAR	The Filenne fre 715 digit
	-	VS 150 - Thutwater Williams, Mile C	St
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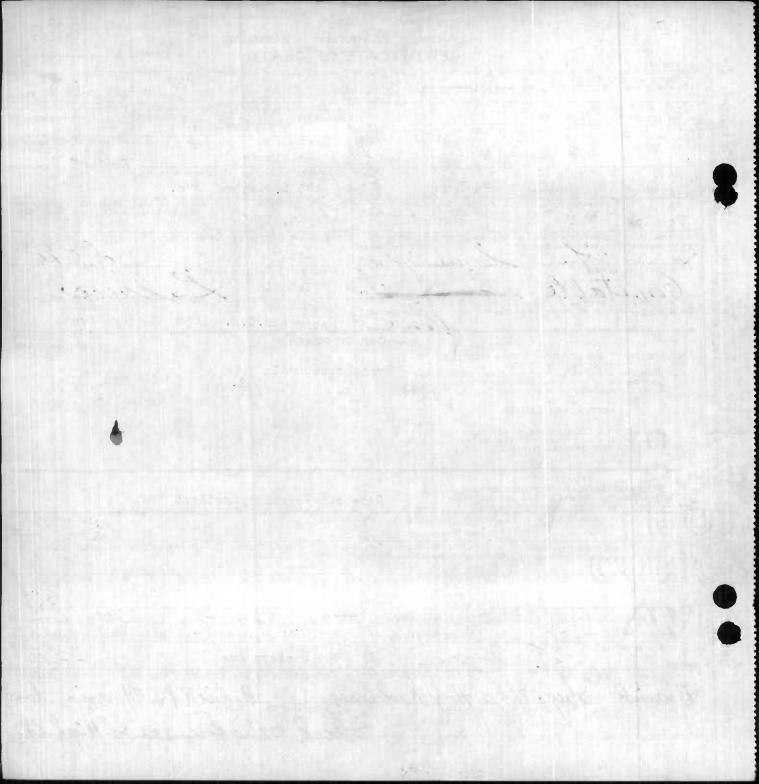
The	В	IRTH NO. 51	6868		TE OF DEATH	Registered No	)
	1.	NAME OF D Type or Print)	ECEASED The	resa (Germane) Germ	ani	2. DATE OF August	t 5 <b>–</b> 1950
uppli	A.	Baltimore (	City, Maryland	n or institution give stood allow	4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived. If in B. COUNTY	
ully supplied.	H	OSPITAL OR NSTITUTION	Baltimore C 4940 Easte	al or institution, give street address ity Hospitals location rn Ave.	OF J	f outside corporate limits,	write RURAL and giv
				25 Years Mos	D. STREET ADDRESS (If		
		. Length of s	tay in Baltimore	7. SINGLE MARRIED	8. DATE OF BIRTH	9. AGE (In years) HU	nder   Year   If Under 24 Hours
should arly an		Female	White	WIDOWED DIVORCED (Speci	May 5, 1905	last birthday) Mont	ths Days Hours Min.
information shous of death clearly	10 wor	k dene during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or f	oreign country)	2. CITIZEN OF WHAT COUNTRY
	13	3. FATHER'S	The 1-7's	D 1! : !!	14. MOTHER'S MAIDEN N	AME GO ON	
of info	15 (Ye	5. WAS DECEAS	ED EVER IN U, S. ARMED (If you, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Records B.C.H.	4940 Easter	DRESS n Ave
m o		18. 49	/X		OF DEATH		INTERVAL BETWEE
Every item of i			E OR CONDITION	TH TD	nchopneumonia		Set /F
Every write		heart failu	not mean the mode our, asthenia, etc. It mean complication which c	ns the disease.	ichopheumon12		
			ANTECEDENT CAUS				19 - UN E-1
INK.	Z	DISEASES	S OR CONDITIONS, IF	(B)			
[G]:	ATI	UNDERLY	HE ABOVE CAUSE (A)	STATING THE DUE TO ST. (C)			
ADING icians:	IFIC			(0)			
UNFADING Physicians: 1	CERT	TRIBUTING	II IGNIFICANT CONDI TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATED CAR	cebral Vascular Ac	cident	
	7	19A. DATE C	F OPERATION 0 1	98. MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?
ILY, WITH important.	EDICA	LYING O	ENT WAS UNDER.	21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bld		If in Baltimore City, given	YES NO A
imp	Σ	210. TIME OF INJURY	(Month) (Day) (Year)	WHILE AT NOT WHILE	LE	Y OCCUR?	
PI ecia		22 I hamah	as a contife that I at	m.   WORK L AT WOR	6-4- 19 <sup>45</sup> , to	8-5 10 50	that I last saw th
espe		deceased a	() P	ended the deceased from		the causes and on the	
WRI		23A. SIGNA	TURE OF .	Dozen M.D.	238. ADDRESS 4940 Eastern Ave		8-5-1950
a a	X	AA. BURIAL, (SON, REMOVAL (S	pecify)	50 Holy Redee	D A	OCATION (City, town, o	r county) (State)
PLEAS correct		ATE RECEIVE		SSIGNATURE	25. FUNERAL DIRECTOR		OJI. O OA

DATE RECEIVED BY LOCAL REGISTRAR C 7 - 1950

REGISTRAN'S, SIGNATURE

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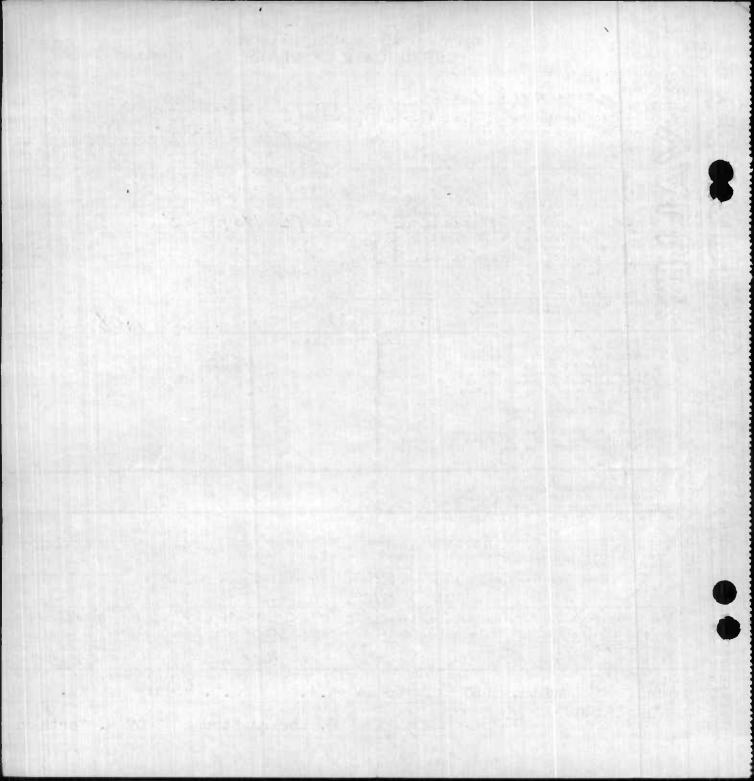


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BIR	TH	NO	).	
	NAM			DE

# BALTIMORE CITY HEALTH DEPARTMENT

gistered No.	6869
gistered No	3/4/11

	BIRTH NO.	OF DEATH Registered No.
	1. NAME OF DECEMBED	2. DATE 0F 1931
-	Living N. Pully	DEATHURG 3, 1120
-	A. Baltimore City, Maryland / 808 Lacksoud!	4. USUAL RESIDENCE (Where deceased lived If institution: residence A. STATE) BCOUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN / (If outside corporate limits, write RURAL Indicive
	000	Balle Culy 24- Utilinship)
	A Y C Mos.	o. STREET ADDRESS (If ryral, give location)
=	c. Length of stay in Baltimore Days Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8	8. DATE OF BYRTH 9. AGE (In years) If Under I Year If Under 24 Hours
	Male white Warred (Specify)	Oct 12 1904 last himshday) Months Days Hours Min.
4	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 1 pork dough during project of weeking life, even if tetired) INDUSTRY	11. BIRTHRLACE (State or foreign country)   12. CITIZEN OF
1	Hoch Hand Belletum Ship Yand	I sallo Enly WHAT COUNTRY?
I	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Uma Williams
1	Yes no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Xrace Lully 1808 Jacksons
ľ	18. / 3 X CAUSE OF	F DEATH ONSET AND DEATH
Į.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	120
1	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	runna Minnay Oms
ı	injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)	
	OTHER SIGNIFICANT CONDITIONS CON-	
	TO THE DISEASE OR CONDITION CAUSING IT.	
	198. MAJOR FINDINGS OF OPERAT	TION   20. AUTOPSY?
	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in or	or   21c. WHERE DID (If in Baltimore City, give exact location)
	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.	) INJURY OCCUR?
ľ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F, HOW DID INJURY OCCUR?
E	m. WHILE AT NOT WHILE AT WORK	B. C. C.
	22. I hereby certify that I attended the deceased from	Tel-3, 1950, to 8/5/50, 19, that I last saw the
l		ed a 500 fm., from the causes and on the date stated above.  B. ADDRESS 233. DATE SIGNED
1	Mulio ho M.D.	Dy Milliam 1 8/6/50.
	24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY	
	Burial   Aug8th, 1950 Holy Cross	A.A. A. County Md.
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S MILIAME AND LOCAL REGISTRAR'S SIGNATURE	G. Howard Strong 3207 W. NorthAw
	VS 150	V 0 47 )



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Registered No I. NAME OF DECEASED 2. DATE (Type or Print) OF DANIEL A. WILEY DEATH August 5, supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) I'f not in hospital or institution, give street address or B. FULL NAME OF Maryland Baltimore HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore City Hospital Essex Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore S. Goeller Avenue 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours last birthday) Months; Days Hours; Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) should learly an white male 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? information s of death cle 13. FATHER'S NAME MAIDEN NAME a WAS DECEASED EVER IN U. S. ARMED FORCES no or unknown) (If yes, give war or dates of service) 15 WAS DECEASE 16. SOCIAL SECURITY NO Mer. World War of in INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH item DISEASE OR CONDITION DIRECTLY Every ite write the LEADING TO DEATH (A) Coronary thrombosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT CE 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X important. EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING T CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR..... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE

WITH PLEASE WRIT

DATE RECEIVED BY

LOCAL -REGISTRAR

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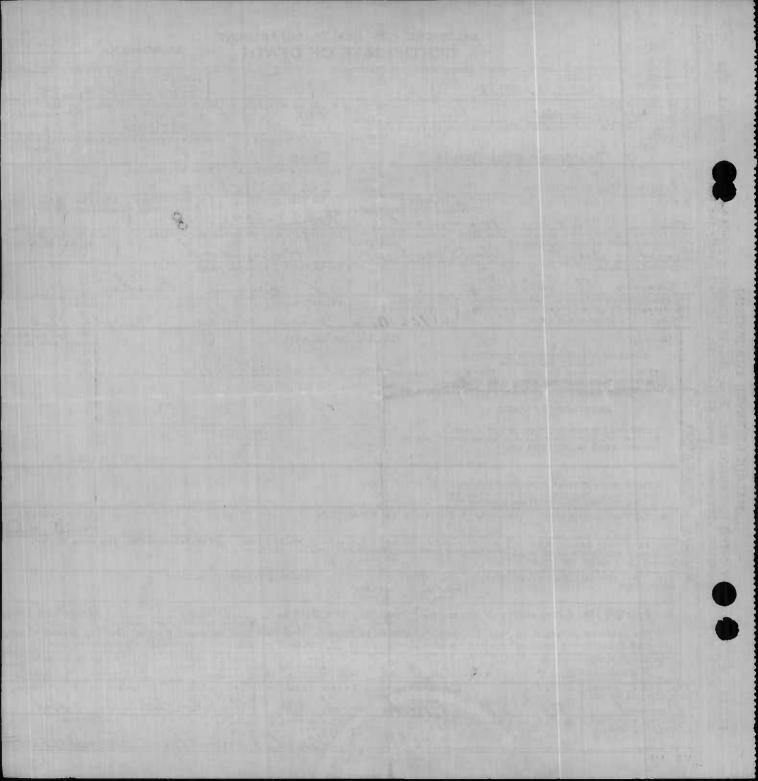
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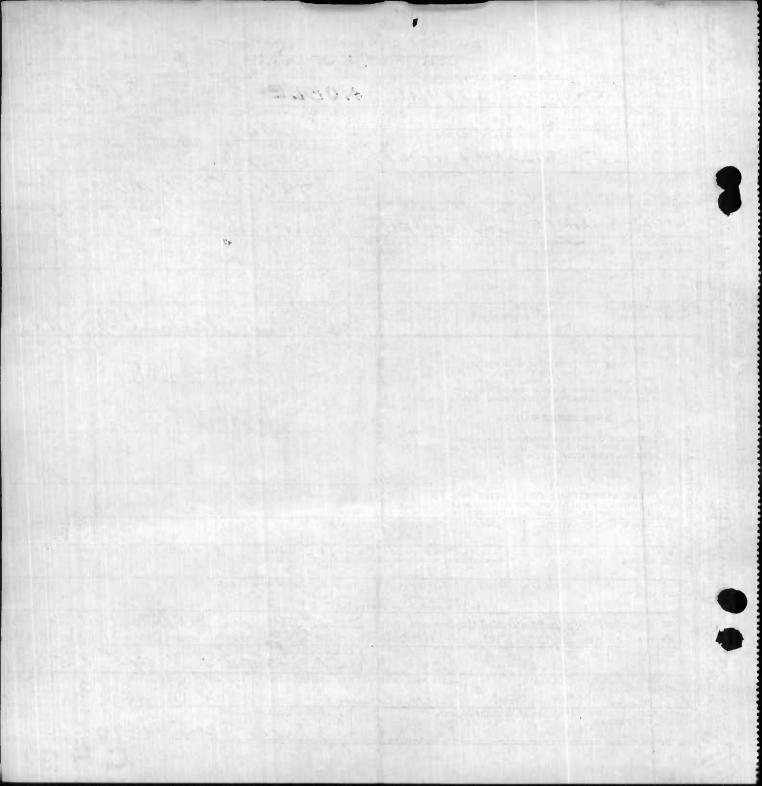
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) NOBLE ARTHUR JOSEPH . OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 134170. D. STREET ADDRESS (If mura), give bcation; Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months Days Hours : Min. NHITE 16-1883 WIDDWED 11. BURTHPLACE (State of foreign country) 10A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO .-INTERVAL BETWEEN CAUSE OF DEATH 0.0 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DIC 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 11 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from\_ 4/5019\_\_\_, to\_ ., that I last saw the esp and that death occurred at Soom, from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE 23B. ADDRESS 23c DATE SIGNED PLEASE WRI age 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) 24C NAME OF correct DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR mitruator Luck VS 150

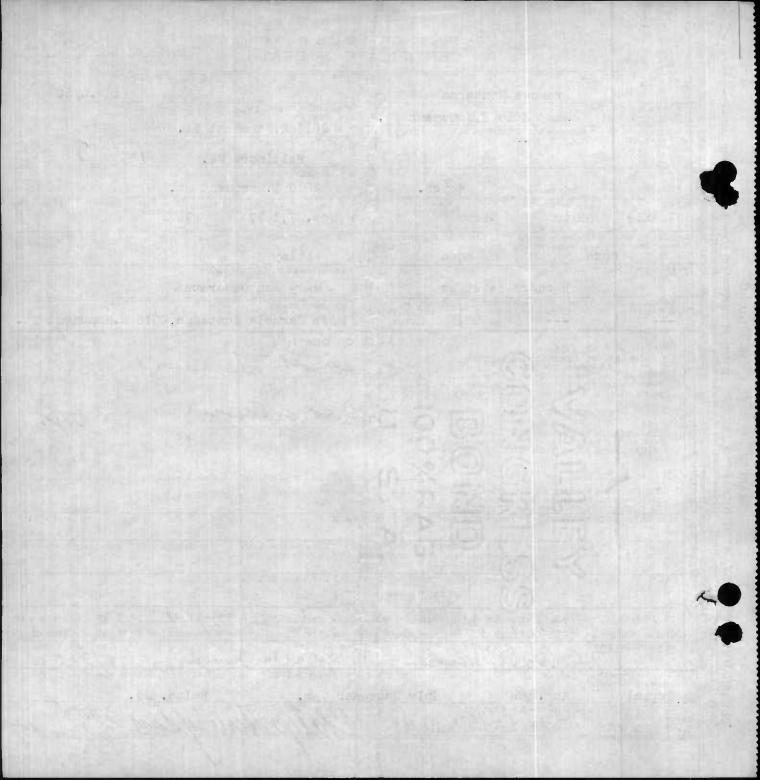


DATE OF THE PARTY AND ALL PROPERTY.	AVAIN	TO THE AT			5		1				
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vsicians:	please	write th	he cau	o sası	sicians: please write the causes of death clearly and	early and		4		5	

MARGIN RESERVED FOR B	BINDING	
PLEASE WRR PL LY, WITH UNFADING INK. Every item o correct age is electary important. Physicians: please write the caus	f information should sees of death clearly and	ully supplied. The
D	13	1. (T 3. A. B. H(
OTHER STRIBUTION TO THE EDGAL REGIST	Length of s SEX Female A. USUAL OC done during most FATHER'S N . WAS DECEASI , no or nnknown)	NAME OF D ype or Print)  PLACE OF D Baltimore ( FULL NAME OSTITUTION

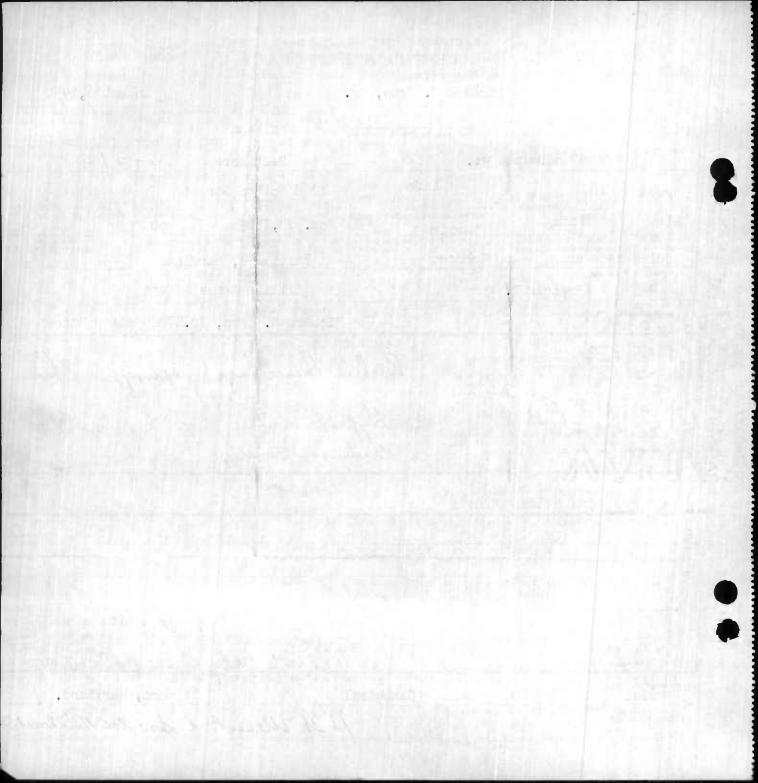
	50	0000
	UU	6873
gistered	No.	

B	IRTH NO.	CERTIFICATI	E OF DEATH Register	ed No. 0873
	NAME OF DECEASED (ype or Print) Frances	s Montagna	2. DATE OF DEATH	Aug.5/50
A	. PLACE OF DEATH: Baltimore City, Maryland 20		4. USUAL RESIDENCE (Where deceased live A. STATE	d. If institution; residence
A II	OSPITAL OR NSTITUTION	location)	C. CITY OR TOWN (If outside corporate Baltimore Md.	limits, write ORAL and give township
-	. Length of stay in Baltimore	48yrs. Mos. Days	D. STREET ADDRESS (If rural, give location 2016 E.Monument St.	n)
5	Female   6.COLOR OR RACE   White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov.27, 1873  9. AGE (In year)	Months Days Hours Min.
WOI	DA. USUAL OCCUPATION (Givekind of k done during most of working life, even if retired)  NONO	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Itlay	12. CITIZEN OF WHAT COUNTRY
1	Bernar	l Sabatino	14. MOTHER'S MAIDEN NAME Mary Ann Oonorata	
(Y	5. WAS DECEASED EVER IN U. S. ARMEI (If yee, give war or date	D FORCES? 16. SOCIAL SECURITY NO. none	17. INFORMANT Miss Carmela Montagna, 2016	ADDRESS E.Monument St.
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It meaning for complication which the second	DIRECTLY TH of dying, e. g., ans the disease, caused death.) DUE TO	of DEATH alrial Henvirge	INTERVAL BETWEEN ONSET AND DEATH
ICATION	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	IF ANY, GIVING STATING THE DUE TO	w per -	6 43
CERTIFIC	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED		
		98, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
EDICA	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, ferm, factory, street, office bldg.,		ity, give exact location)
Σ.	21D. TIME (Month) (Day) (Year, OF INJURY	) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		
	22. I hereby certify that I att deceased alive on and I at 23A. SIGNATURE	19 2 and that death occur	rred at 4 a. m., from the causes and a 23B. ADDRESS 100 h. mellong	19.1. Dat I last saw the on the date stated above 239. DATE SIGNED
T .		24c. NAME OF CEMETE 50 Holy Redeem		
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MARGIN RESERVED FOR BINDING	SE WRIX LY, WITH UNFADING INK. Every item of information should be	Physicians:
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	50	6874		EALTH DEPARTMENT	50 6874
BI	RTH NO.	001.4	CERTIFICAT	E OF DEATH	Registered No.
1. (T	NAME OF D	ECEASED	Richard C. Kemp, Sr	•	2. DATE OF August 6,1950
	PLACE OF D Baltimore (	City, Maryland		A. STATE Me and and	Where deceased lived. If institution: residence B. COUNTY before admissio
	FULL NAME	OF (If not in hospit	al or institution, give street address or location)		f outside corporate limits, write RURAL and gi
IN	STITUTION	1708 Bolt	on St.	Raltimore	A Acass ali
c.	Length of s	tay in Baltimore	Life Yrs. Days	D. STREET ADDRESS (If 1708 Bolton St	
	sex ale	6.COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (in years If Under 1 Year I Under 24 Hours Min
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	
	Sales M	anager	Tobacco (W)	Baltimore, M	laryland WHAT COUNTR
13	. FATHER'S			14. MOTHER'S MAIDEN N	
		Francis S	A	Lillian Agn	es Offutt
15 (Yes	, WAS DECEASI	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Richard C. Kemp,	Jr.1708 Bolton Street
z		ANTECEDENT CAUS	SES (B)	derfrusion	
IFICATION	DISEASES	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	Eaused death.) DUE TO  SES  (B)  F ANY, GIVING STATING THE DUE TO	len Junion	
ERTIFICA	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING	ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA GIGNIFICANT CONDI	FANY, GIVING STATING THE DUE TO (C)	len frusion Las-Scherais	
L CERTIFICA	DISEASE: RISE TO T UNDERLY  OTHER S TRIBUTING TO THE D	ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	FANY, GIVING STATING THE DUE TO (C)	derfrusion Lesson Scherocio	20. AUTOPSY?
EDICAL CERTIFICA	OTHER STRIBUTING TO THE D	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA GIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING	TIONS CON- NOT RELATED CAUSING IT.	in or   21c. WHERE DID (	20. AUTOPSY?  VES NO (  If in Baltimore City, give exact location)
DICAL CERTIFICA	DISEASE: RISE TO T UNDERLY  OTHER S TRIBUTING TO THE D  19A. DATE C  21A. ACCID LYING OF CAUSE OF	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA GIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING	Eaused death.) DUE TO  SES  FANY, GIVING STATING THE DUE TO  (C)  TIONS CONNOT RELATED CAUSING IT.  9B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., i. about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID () etc.) INJURY OCCUR?	VES NO [
EDICAL CERTIFICA	OTHER S TRIBUTING TO THE D  19A. DATE C  LYING OF	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA  II GIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH	Eaused death.) DUE TO  SES  FANY, GIVING STATING THE DUE TO  CO	in or 21c. WHERE DID () ob.) INJURY OCCUR?	VES NO ( If in Baltimore City, give exact location)
EDICAL CERTIFICA	OTHER STRIBUTION TO THE D  19A. DATE C  21A. ACCID LYING OF CAUSE OF  21D. TIME OF INJURY	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION OF OPERATION OF CONTRIBUTING DEATH (Month) (Day) (Year)	TIONS CON- NOT RELATED  21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg  (Hour)  21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK  Sended the deceased from the second of the street o	in or 21c. WHERE DID () etc.) INJURY OCCUR?  ED 21f. HOW DID INJURY	Y OCCUR?  NO [  VES NO [  NO [
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE D  19A. DATE C  21A. ACCID LYING OF CAUSE OF  21D. TIME OF INJURY  22. I hereb deceased in 23A. SIGNA	ANTECEDENT CAUSE S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 1 PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)  W certify that I att	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY (e.g., independent of the latest of the lat	in or 21c. WHERE DID (1) otc.) INJURY OCCUR?  21f. HOW DID INJURY  1. 2 , 1950, to 1  23 ADDRESS  ADDR	Y OCCUR?  11 in Baltimore City, give exact location)  Y OCCUR?  12
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE D  19A. DATE C  21A. ACCID LYING OF CAUSE OF  21D. TIME OF INJURY  22. I hereb deceased in	ANTECEDENT CAUSE S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA GIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 1 PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)  OF OPERATION 1  OF OPERATION 2  O	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bidg.,  WHILE AT NOT WHILE AT WORK  tended the deceased from the condition of the con	21c. WHERE DID () obc.) INJURY OCCUR?  21f. HOW DID INJURY  21f. HOW DID INJURY  22f. to A  22f. to	Y OCCUR?  11 in Baltimore City, give exact location)  Y OCCUR?  12 5 , 1950, that I last saw to the causes and on the date stated about 23c. DATE SIGNE 23c. DATE SIGNE COATION (City, town, or county) (State
MEDICAL CERTIFICA	OTHER STRIBUTING TO THE DISA. DATE COLOR OF INJURY  21A. ACCID LYING OF CAUSE OF INJURY  22. I hereb deceased in 23A. SIGNAL ON REPOVAL (S.	ANTECEDENT CAUSE S OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA  III GIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION 1 PENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year)  W certify that I att Live on 1  URE  CREMA- 24B. DATE Specify) 8/8/50  D BY   REGISTRAR	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bidg.,  WHILE AT NOT WHILE AT WORK  tended the deceased from the condition of the con	21c. WHERE DID () obc.) INJURY OCCUR?  21f. HOW DID INJURY  21f. HOW DID INJURY  22f. to A  22f. to	Y OCCUR?  11 in Baltimore City, give exact location)  Y OCCUR?  12



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50 6875

50	6870	CEDTIEICAT	E OF DEATH	Registered No.	0 0010		
BIRTH NO.		CERTIFICAT	E OF DEATH				
1. NAME OF I (Type or Print)		therine Graf		2. DATE OF DEATH August	5, 1950		
3. PLACE OF I	City, Maryland 2	28 N. Milton Ave.	4. USUAL RESIDENCE (W				
B. FULL NAME HOSPITAL OR INSTITUTION		al or institution, give street address or location)	c. CITY OR TOWN (If	outside cornorate limits, y	vrite RURAL and gi		
00			Baltimore p. STREET ADDRESS (If	6-0	_		
c. Length of	stay in Baltimore	life Yrs. Mos. Days	228 N. Mil	ton Avenue			
female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Single	Ju. NF 9. 1818	9. AGE (In years last birthday) Month	er l Year   Il Under 24 Hours   Mi		
10A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)		11. BIRTHPLACE (State or fo	reign country)   12	CITIZEN OF		
Seamstres		Schloss Bros.	Baltimore, Md.		U.S.		
13. FATHER'S	NAME		14. MOTHER'S MAIDEN NA	ME			
	John Graf		Marie	Cramer			
15. WAS DECEAS	SED EVER IN U.S. ARMEI	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		RESS		
200, 30 01 03230113	(1.00)	216-05-8447	Harry Pfeffer, ne	phew, 256 S.Hi	ghland Ave.		
heart fail injury of DISEAS	es not mean the mode dure, asthenia, etc. It mes reomplication which any any and any	ans the disease, caused death.) OUE TO  SES  (B)	lécioscless ey anemia.	due to	2 710.		
OTHER TRIBUTING	SIGNIFICANT COND NG TO THE GEATH, BUT DISEASE OR CONGITION	NOT RELATEO	1 mal	milition			
. 19A. DATE		98. MAJOR FINDINGS OF OPE	RATION		YES NO		
21A. ACCID HOMICIDE	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., In or About home, ferm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, about home, ferm, factory, street, office bldg., etc.)						
210, TIME OF INJURY	(Month) (Day) (Year	(Hour) 21E. INJURY OCCURF  WHILE AT NOT WHILE AT WORK AT WORK		OCCUR?			
	by certify that I at	tended the deceased from	1935, 19 , to Ce	ug 5, 1950,	that I last saw t		
deceased of		1)	238. ADDRESS 26 2 3 S. Wou		date stated about 23c. DATE SIGNE		
24A. BURIAL, TION, REMOVAL	CREMA 24B. DATE (Specify)	24C. NAME OF CEMET	ERY OR CREMATORY 240, LO	Frederick Rd.			

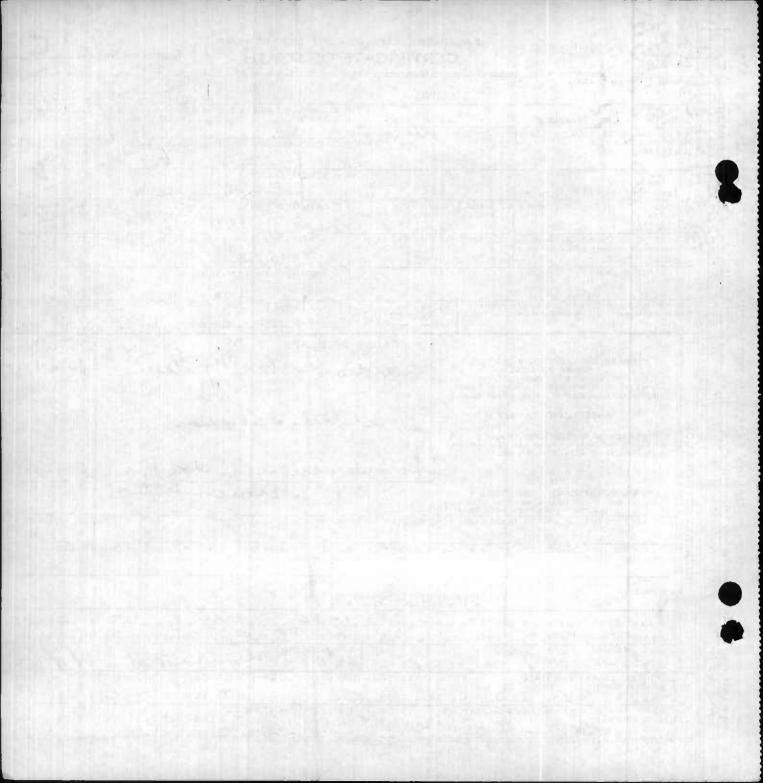
DATE RECEIVED BY LOCAL REGISTRAR

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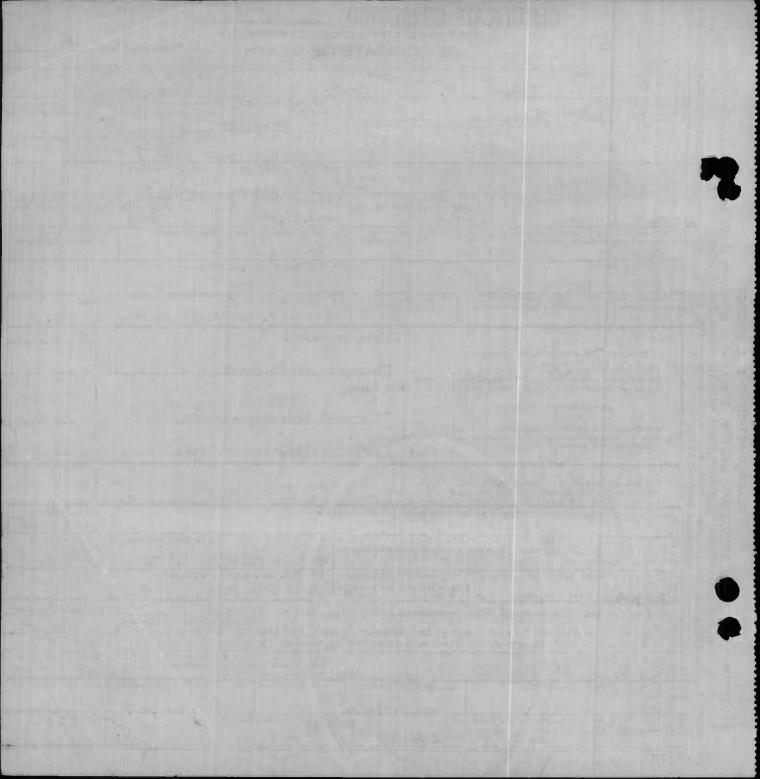
REGISTRAR'S SIGNATURE

Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

ADDRESS



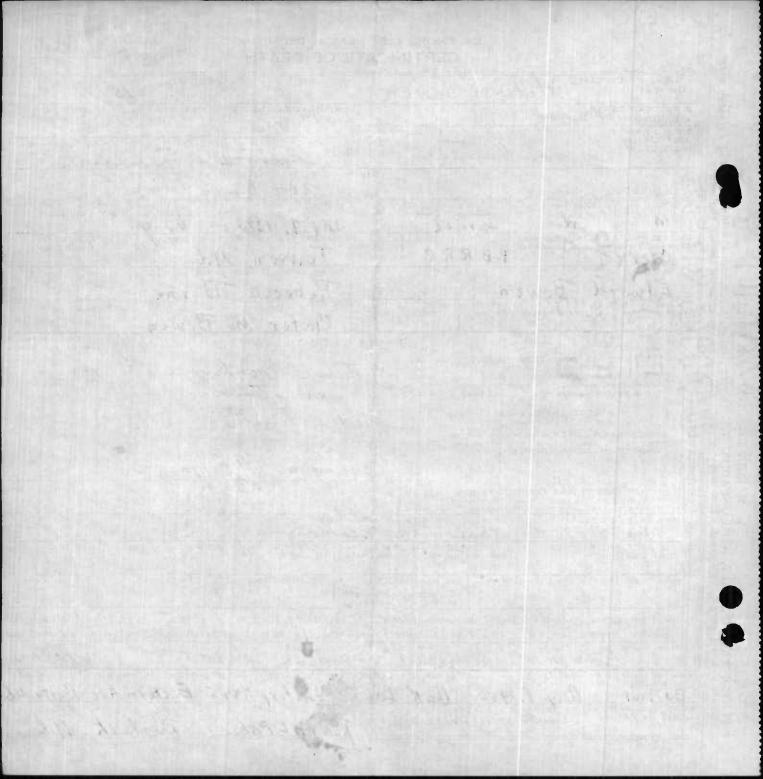
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a)	ВІ	50 RTH NO.	6876		BA		TIFICAT				Regist	ered No.	0	874	)
. The	1. (T	NAME OF D	ECEASED	Ell	en	M.	G	rady			2. DATE OF	gust 7	704	50	
supplied.	A.	PLACE OF D Baltimore (	City, Maryla	and				4. A. S		DENCE (W	here deceased B. COU	ived, If inst	itution		
ly sup	HO	OSPITAL OR	OF Of not Universi				street address of location		CITY OR TOW	yland N (H	outside corpora	te limits, w	rite RU	RAL at	nd give vnship)
<b>1 1 1 1 1 1 1 1 1 1</b>	c.	Length of s	tay in Balti	more			Yrs. Mos. Days		STREET ADD	RESS (If	rural, give loca	Gust			
ld be		sex Male	6.COLOR of			VED, DIV	RIED. ORCED (Specify	y)	ec. 25,18	1887	last birthd	ay)   Month	Days		24 Hours Min.
n should clearly an	10	A. USUAL OC done during most Housewi	CUPATION (G working life, ever	ive kind of		OF BU	SINESS OR INDUSTR	11.			reign country)	12	CITIZ	EN OF	
ath cl	13	. FATHER'S N	as Barlo	TAF				14.	Mother's M		AME				/
information s of death cle	15 (Yes	WAS DECEASE , no or unknown)	D EVER IN U.	S. ARMED	FORCES?		CURITY NO.		INFORMANT		,423 Cha	ADDI			
OING INK. Every item ans: please write the cau	RTIFICATION	heart failt injury or DISEASE RISE TO 1	not mean the complication  ANTECEDEN  S OR CONDITHE ABOVE CAVING CONDITHE	T CAUS	ns the disease eaused death SES FANY, GIVII STATING T	ne, h.) Du	(A) Frac (E) Bila (B) Fatt	tera	l bronch	opneum	onia	*************			
UNFADING Physicians: p	CERTI	TRIBUTING TO THE D	IGNIFICANT TO THE DEAT ISEASE OF CO F OPERATIO	TH, BUT	NOT RELAT	ED IT	NGS OF OPE	RATIO	N					UTOP	
Y, WITH	MEDICAL	UNDERLYIN UTING C	NAL CAUSE OF COCAUSE OF Month) (Day	NTRIB- DEATH. ) (Year)	(Hour)	farm,fector	INJURY (e. g., street, office bldg	RED	21c. WHERE INJURY OCC Hawkins 21f. How Di Auto in	D INJURY		urtis I	ridge	ocation	
IT LA CA		the even and de	fy that I to dence obtai ath in my o	ok char ned by	ge of the	of the remains described a d Autopsy, Inspection or I ulted from: natural causes			ry, find tha accident 🖪	Autopsy, l et said de k suicide	Inspection or I eccased died	on the control on the	etermi	ated o	above,
PLEASE WRIT	24 TIC	23A SIGNA 4A. BURIAL, CON, REMOVAL (S	ASSA	DATE /10/5	VILL		ME OF CEMET	M.D.	ASSISTANT N MEDICAL IN	MEDICAL E VESTIGATO Y 240. LO	OCATION (Cit	Augu		7. 19	950 State)
PLEAS correct	A	ATE RECEIVE	BAR REGI		s SIGNATI		w Jathed:	257	AUNPRADO	RECTOR	214ST	Toul	DORES	-	
	v	S 151 /	1-821	,1	<b>6</b>	e lifes in	ghaz 1	1//		13.		170	2	L	



PI	RTH NO.	6877			EALTH DEPARTMENT E OF DEATH	NT Registe	red No.	6877
1.	NAME OF D	ECEASED W	lliam	Bowen		2. DATE OF	8/5/	50
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE	DEATH  E (Where deceased live B. COUN		tution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION			ion, give street address or location)		(If outside corporate	e limits, wri	
		Smai	Hespi	Yrs.	D. STREET ADDRESS	(If rural give locati	und	township
c.	Length of s	tay in Baltimore		Mos. Days		ech Driv		5000
1000000	SEX	6. COLOR OR RAC	E 7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In yes		
	M	W	Marr		JULY 7, 1890	60.4	vo!	Days Hours Min.
worl	done during most	CUPATION (Give kind of working life, even if retir	108. KINE ed) 12. B. R.	R. P INDUSTRY	11. BIRTHPLACE (State	or foreign country		CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	N NAME		
	Ed wa	rd Bow	en.		Rebecca	Barne		
15 (Ye	, mo or nnknown)	D EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	ESS
				02001111110	Clester M	. Bowen		
	18. JS	SE OR CONDITIO			OF DEATH	,		INTERVAL BETWEEN ONSET AND DEATH
	heart failu	LEADING TO DE not mean the mod ire, asthenia, etc. It n complication which	e of dying, e. a neans the diseas	e, (A) Nup	Tun of Esop	hageal		
7		ANTECEDENT CA	USES		de as tineti			
ATION	RISE TO 1	S OR CONDITIONS THE ABOVE CAUSE ( YING CONDITION	A) STATING TH	NG (S)		2		***************************************
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Ш	TRIBUTING	SIGNIFICANT CON	UT NOT RELATE	N- ED		/ ()		
O		F OPERATION		FINDINGS OF OPER	RATION	***************************************		20. AUTOPSY?
CAL	1 .	3/1950		inoma 1.	_ /			YES O NO
EDI	HOMICIDE	NT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore	City, give e	exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Yes		21E. INJURY OCCURR		URY OCCUR?		THE BOOK
	22. I hereb	v certify that I c	m.	deceased from	July 27, 1950, to.	a4e 5.	1950th	at I last saw th
и					rredut 11 am., fro			
	23A. SIGNA	TURE	20		38, ADDRESS	espetal		C. DATE SIGNED
24	N. REMOVAL	REMA- 248. DATE		NAME OF CEMETE		D. ZOCATION (City,	town, or co	ounty) (State)
	Bircial	aug. 8	1950	Oak Laws	Camatery 1/2	145 Easter	rn Ave	-Balts. Ma
D	TE RECEIVE		R'S SIGNATIV	liams, M.B.	25. FUNERAL DIRECTO	OR	ADI	DRESS
			A		Rolend L Fishe	ורטע בין	die 1A	Ma

VS 150

Rolend L Fisher - Dunda 1K, Md.



50	6878
RTH NO.	
NAME OF E	ECEASED
pe or Print)	Paul
pe or Print) PLACE OF E Baltimore (	

50 6878 Registered No.

В	BIRTH NO.				
	ype or Print) Revin P. Evans	2. DATE OF DEATH 8 6	150		
3. A.	PLACE OF DEA'TH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE	itution: residence before admission)		
В.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland Baltimore			
	ISTITUTION St. Joseph's Hospital	c. CITY OR TOWN (If outside corporate limits, W	rite BURAL and give township)		
- 1	Yrs,	D. STREET ADDRESS (If rural, give location)	26		
c.	Length of stay in Baltimore 43	96 Marylandflye	5300		
-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		r I Year   If Under 24 Hours s: Days   Hours: Min.		
	M Massed	Oct. 26, 1896 53	Days Hours Min.		
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	May 11 Put Wouldmit Dent (Box	a York, Penn			
'-	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	May /	2500		
	s, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Malie Command	all rend		
	18. / 6.2 X CAUSE	OF DEATH	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH		
	(This does not mean the mode of dying, e.g., (A)	braf hemost hage,			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
7	ANTECEDENT CAUSES	astosio Caremona			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
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7	194. DATE OF OPERATION 198 MAJOR FINDINGS OF PER	ATION action The.,	20. AUTOPSY?		
CA	July ad N Gareenong	hor 1 210 WHERE DID (If in Baltimore City, kive	YES NO		
MEDI	2/A ACCIDENT, SUICIDE.  HOMICIDE (Specify)  218. PLACE OF INJURY (e. g., i. about home, farm, factory, street, office hldg., d	not 210. WHERE DID (II III BAILIMORE CITY, OR IVE	exact location)		
2	OF INJURY	ED VIF. HOW DID INJURY OCCUR?			
m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from July 1, 19 10 to Clug. 6, 19 Vothat I					
	1202 Relevel M.D.	1400 Moaroline ST	2/6/V7		
Z TI	AA. BURIAL CREMA- 24B. DATE 246 NAME OF CEMETE ON REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or or	county) (State)		
D	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AL	DDWESS		
	OCAL REGISTER Hutugton Williams Mile	Rolpad Ficher Durch	IK MI		

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Correction: - see Donement File 50-6878 8.74.58 ExperteEnglis 

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. COUNTY Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION JOHAS ROPKINS HOSPITAL township) Yrs. (If rural, give location) D. STREET ADDRESS Mos. 25 Yrg. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years if Undel | Year WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. -(0-Maryana IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Bethiehem Steel U.S Little Rock Ark 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stephen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) Liza Cather Cathey 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. KINS HOSPITE No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ZO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) FIC ERTII 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK 1920 to 1950 that I last saw the 22. I hereby certify that I attended the deceased from. P.m., from the causes and on the date stated above, deceased alive on\_ 1950, and that death occurred at 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 1950 Brooklyn Burial Mt Calvery Cem Md DATE RECEIVED BY UNERAL DIRECTO ADDRES LOCAL REGISTRAR IG 8 -VS 150

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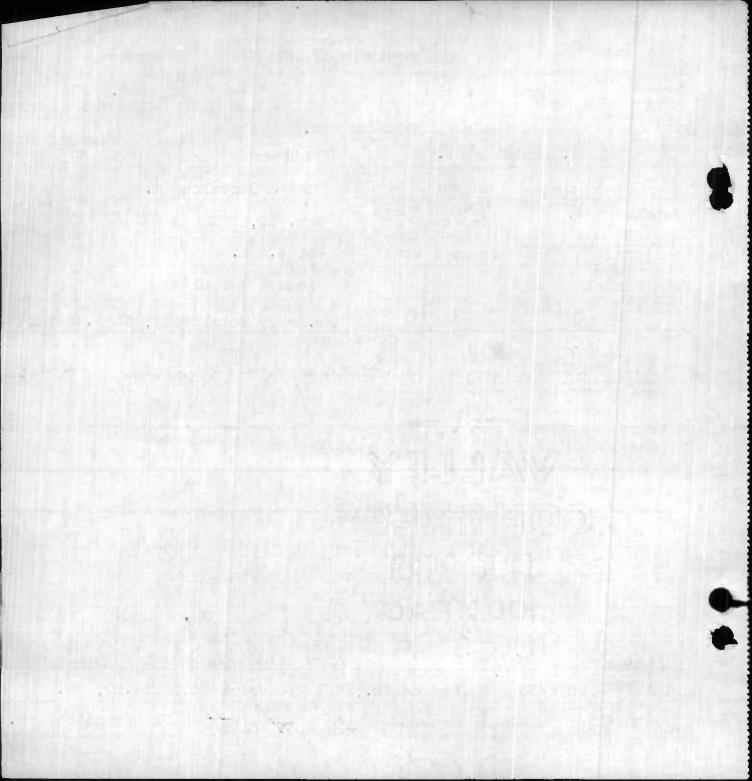
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The	Н	50 6883 BALTIMORE CITY HE CERTIFICATI		6882
	(T	NAME OF DECEASED Cype or Print) Crene Salbot	2. DATE OF DEATH LUGUST	6/1950
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If instit	utión: pesidence before admission)
ully su	H	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION STATE HOPEIEC HOSPITE)	c. CITY OF TOWN (If outside corporate limits, wri	te RURAL and give
should bearly and		Length of stay in Baltimore Aff Mos. Days	o. STREET ADDRESS (If rural vive location)	Lansdowne
	C	male 6.COLOR OR RACE 7. SINGLE, NARRIED, WIDOWED, DIVORCED (Specify)	July 16, 1873 57	Year H Under 24 Hours Days Hours Min.
	worl	A, USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)  One during most of working life, even if retired)  Out of the business or INDUSTRY	Besto. Ind.	CITIZEN OF WHAT COUNTRY?
natic ath	6	andrew Schmidt	Martha Wendell	
BINDING of inform uses of dea	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  M. no or unknown) (If yes, give war or dates of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS HOSPITES	SS
I RESERVED FOR G INK. Every item: please write the car	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		aly yesta
MARGIN LY, WITH UNFADIN Important. Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	AL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
	MEDIC	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., i about home, farm, factory, atreet, office bldg., cause of Death	n or 21C. WHERE DID (If in Baltimore City, give este.) INJURY OCCUR?	xact location)
II.II	4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK		
4		22. I hereby certify that I attended the deceased from 8 deceased alive on 19 and that death occur		at I last saw the
WRI e is e			38. ADDRESS MARKING WACELTY 23	C. DATE SIGNED
PLEASE WRI correct age is	TIS	AA BURIAL, CREMA- 24B. DATE 24C NEME OF CEMETE ON REMOVAL (Specify) aug. 9/10 Farkw	RY OR CREMATORY 240 LOCATION (City, town, or co	unity) (State)
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE AUG 8 = 1950	James N. with & 41016 Sm	nelson
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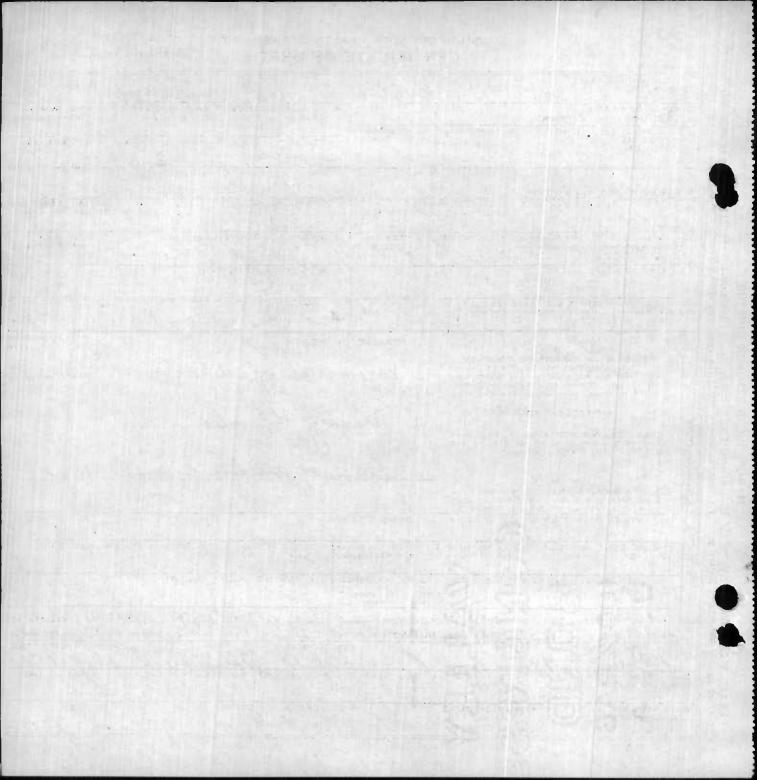


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6883

1. NAME OF DECEASED JOHN C. BURTON	1, SR.   2. DATE OF DEATH any 7/50						
3. PLACE OF DEATH:  a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If institution: residence  B. COUNT  Before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland						
HOSPITAL OR location location   location locatio	township)						
yrs.	Baltimore D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore Mos.	5603 Fair Caks Avenue						
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.   WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH   9. AGE (In years   11 Undai   12 dei 124 Hours   last birthday)   Months; Days   Hours; Min.						
male white married	Sept. 2, 1880   69						
10a. USUAL OCCUPATION (Givekind of los. KIND OF BUSINESS OR work done during most of working life, even if retired)  Ret. Interior Decorator Morgan State Col	11. BIRTHPLACE (State or foreign country) lege Bultimore County, Md.   12 CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME Unknown Burton	14. MOTHER'S MAIDEN NAME						
	unknown						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Edward Preston Burton, 5603 Fair Oaks Ave.						
18. 420. 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jump or complication, which caused death).							
injury or complication which caused death.) DUE TO							
Z ANTECEDENT CAUSES (B) Coronary thrombosis "							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
UNDERLYING CONDITION LAST.							
Corenary arterioselerosis 10 yro?							
OTHER SIGNIFICANT CONDITIONS CON-							
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20. AUTOPSY?						
Z1A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g., homicide (Specify) about home, farm, factory, street, office bldg.	YES NO						
Ш							
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURF OF INJURY	RED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE m. AT WORK							
22. I hereby certify that I attended the deceased from A	ec 27 , 1947, to any , 19 50 that I last saw the						
deceased alive on 1443, 1950, and that death occu	rred at 2:30 fm., from the causes and on the date stated above.						
Harvey L. Julle & M.D.	Ridlo Rd. Beltinare 6 aug 7/50						
24A. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETI	ERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)						
buriary 8/10/50 dovains rres							
LOCAL REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS  25. FUNERAL DIRECTOR  ADDRESS  1217 St. Paul Street						
No. 470	Q.10						
514	8V 118 2						



before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

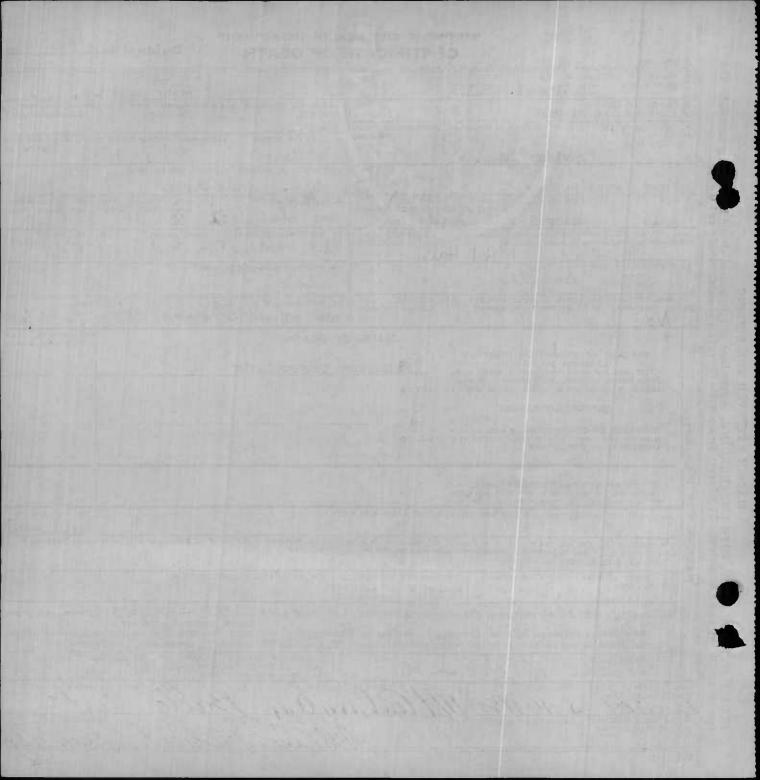
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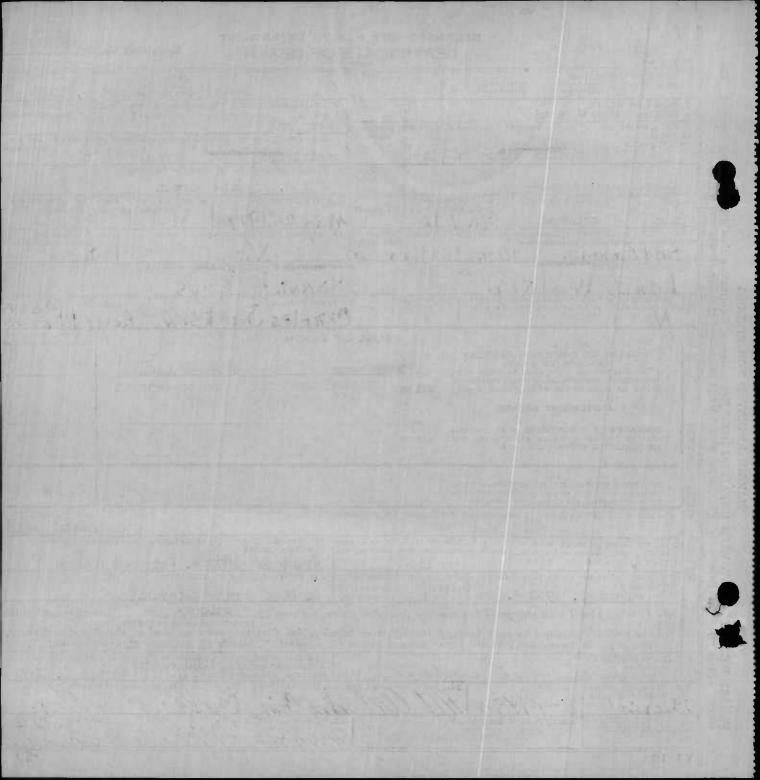
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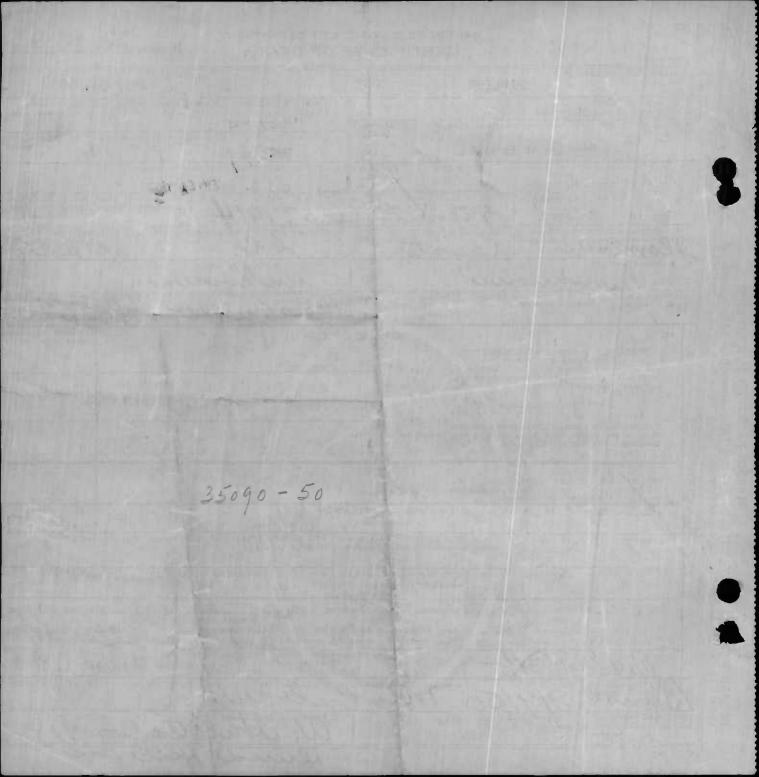
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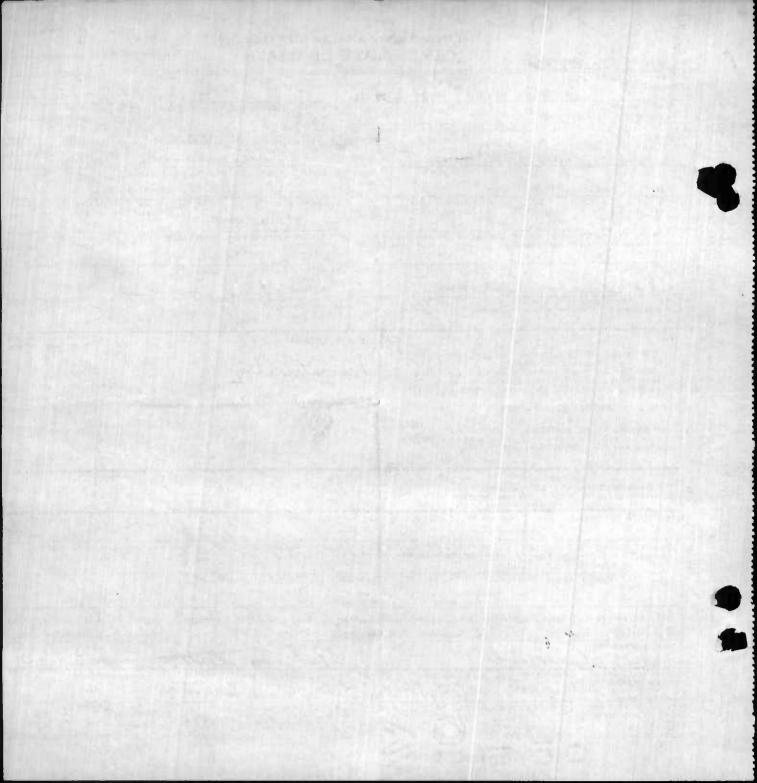


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11-	1	500 BALTIMORE CITY HE	EALTH DEPARTMENT / 50	6887
The	ВІ	IRTH NO. 500 25996 CERTIFICAT	The state of the s	136,747
		NAME OF DECEASED GIRL Henn	2. DATE OF DEATH 8-7	-1950
ilddn	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
ully supplied.	H	FULL NAME OF (If not in hospital or institution, give street address or location)		vrite RURAL and give
, p b	11	yrs.	D. STREET ADDRESS (If rural, give location)	very -
3	-	Length of stay in Baltimore Mos. Days	8 Park drive	- 5304
should		6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8-5- 1950 last birthday) Month	2
ion shou	wor	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTRY	md-	WHAT COUNTRY?
VDING information of death cle		Charles. Henn	Donathy Lease.	
BINDIN of infor	(Ya	6. WAS DECEASED EVER IN U, S. ARMED FORCES? 6, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	RESS
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	O	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
WITH rtant.	CAL			YES NO
LY, WIT	MEDI	218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,		exact location)
ality in		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK		
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10				3c. DATE SIGNED
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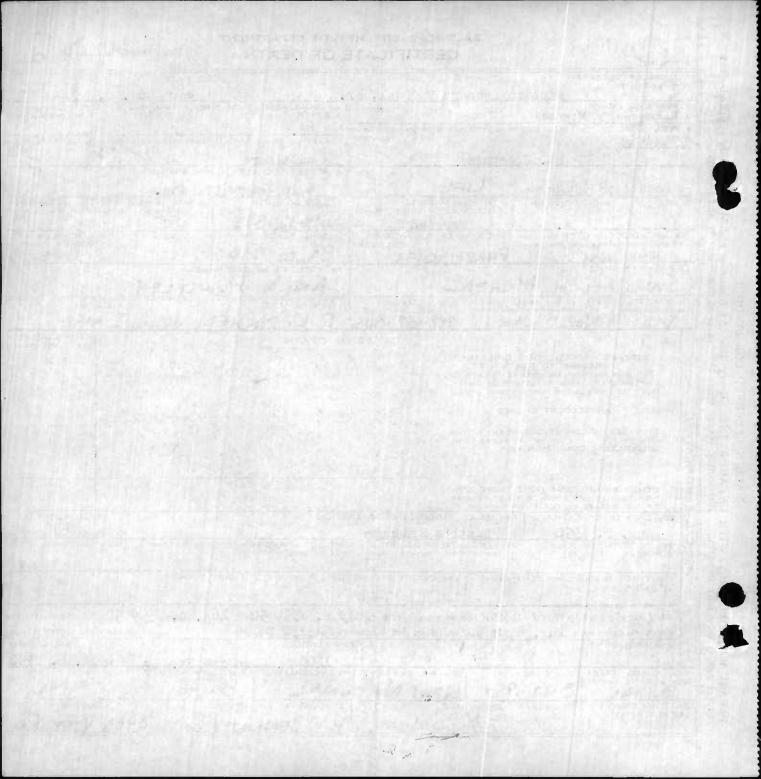


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В	RTH NO.	0000		CERTIFI	CATI	E OF DEATI	H	Registeret	1410	0000
(T	NAME OF ype or Print	Richa	rd Leon	ard Michae	1. Sr			2. DATE OF DEATH AUG	. 6.	1950
	PLACE OF Baltimore	City, Maryland			Attention	4. USUAL RESIDE	NCE (Wh	ere deceased lived.  B. COUNTY	lf institu	tion : residence before admission
В.	FULL NAM OSPITAL OF	E OF (If not in hosp	ital or instit	ution, give street a	ddress or location)	c. CITY OR TOWN	(lf o	utside corporate lin	nits, writ	
			oseph's			Baltimor	·e	27-	38	township
c.	Length of	stay in Baltimore	L	FE	Yrs. Mos. Days	5718 bea		ral, give location)		
5.	SEX	6. COLOR DR RAC	WIDO	LE, MARRIED. WED, DIVORCED		B. DATE OF BIRTH		9. AGE (In years)	li Under 1 Months: 1	Year H Under 24 Hours Days Hours Min.
1 C	k done during mo	OCCUPATION (Give kind st of working life, even if retire	of IOB. KIN		S OR DUSTRY	11. BIRTHPLACE (S		eign country)		ITIZEN OF VHAT COUNTRY
13	Unem;	NAME	ITHAR	MACIST		BALTO. 1		M.F.		U.S.
	Wice		ICHER	11		ANNA	0	STLEY		
	. WAS DECEA		ED FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT			ADDRE	ss
_	YES	WORLD W	YEI	212-07-	ONS	R.C. MI	4347	IL JR.	DV.	
	18.	81,0		C	AUSE	OF DEATH		1		NTERVAL BETWEEN
	(This do	ASE OR CONDITION LEADING TO DE oes not mean the mode ilure, asthenia, etc. It m or complication which	ATH of dying, e leans the dise	e. g., (A)	Tnx	ronal her	nost	hage.		
RTIFICATION	RISE TO	ANTECEDENT CA	, IF ANY, GIV A) STATING		lose	cose veir	sof	exophae	ius.	
TIFIC		п		(c) Q	1510	ses of	liv	es:		
CER	TRIBUTI	SIGNIFICANT CON ING TO THE DEATH, BL DISEASE OR CONDITIE	T NOT RELA	TED		U	••••			
L	19A. DATE	OF OPERATION	19B. MAJO	R FINDINGS O	F OPER	ATION				20. AUTOPSY?
EDICA	Aug.	2, 1950 DENT, SUICIDE, (Specify)	21B. P	ti's Syndr LACE OF INJUR e, farm, factory, street, o	Y (e. g., i			in Baltimore City	-	ves X ND L
ME										
	OF INJUR	(Month) (Day) (Yes	r) (Hour)	WHILE AT	OCCURR	ED 21F. HOW DID	INJURY	OCCURY		
			m.	WORK	AT WORK	( 300 0		( 3000	20.5	
		cby certify that I a								
	deceased 23A. SIGN		2 95	, and that deal		red at 3:30 pm.	, from the	e causes and on		DATE SIGNED
		120	12V		M. D.	1100 N. Ca	roline	St	Au	g 6 1950
Z- TI	AA. BURIAL.	(Specify)	1950			ONAL	24D. LO	CATION (City, too	vn, or cou	MD.
D	ATE RECEIV	STRAR 1950	R'S SIGNA	LLIANA MA		H.W. JENK	ECTOR	Souls 49		INEX RO

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CERTIFICATE CORRE 6889 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. THOMAS C. SMITH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland 6028 Old Harford Rd. A. STATE B. COUNTY before admission) Md B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION townshipt Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 50 Years Winston Days 9. AGE (In years) 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED If Under 1 Year 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. information should s of death clearly an WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Mechanic- Retired Automobile Repair Easton, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas R. Smith Mary Chapman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or woknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or noknown) SECURITY NO causes 7-05-2933 Mr. James R. Smith 329 Winston Ave. INTERVAL BETWEEN item 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Every pmio (This does not mean the mode of dying, e.g., (A) write RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Bladder INK. CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTII 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION IN P. MILY, WITH especially important. DICA YES NO (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 12 Σ 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK , 1950, that I last saw the 22. I hereby certify that I attended the deceased from I aly 19th to Mug 1970, and that death occurred at 510 PLEASE WRITE deceased alive on Auc 2m. from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE .03 age 24D. LOCATION (City, town, or county) 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE correct 10 Burial Lorraine Balto. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS williafor Whitakis, Ma LOCAL REGISTRAR VS 150 55083

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	PLEASE WRITE PLACEY, WITH UNFADING INK. Every item of information should correct age is especially important. Physicians: please write the causes of death clearly and legi	
MARGIN RESERVED FOR BINDING	of informatuses of deatl	
RVED FOR	Every item write the ca	
RESE	Jink.	
MARGIN	UNFADING Physicians:	
	LY, WITH important.	
1	MTM PLA s especially	
	PLEASE WI correct age i	

BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

7	E	530	•					
The C	BI	50 RTH NO.	6830			EALTH DEPARTMENT	Registered No	9 6890
7	1.	NAME OF DE		AN CATHERINE SMI	TH		2. DATE OF DEATH AUG 7.	1950
supplied.	A.		ATH: ty, Maryland 19	34 Perlman Place		4. USUAL RESIDENCE (		
lly su	H	FULL NAME O OSPITAL OR ISTITUTION	F (If not in hospita	al or institution, give street ad le	dress or eation)		f outside corporate limits,	write RURAL and give township)
Story.	1				Yrs. Mos.	Baltimore D. STREET ADDRESS (If	rural, give location)	
e e			y in Baltimore		Days	1934 Perlman		
and and	5.	SEX F	COLOR OF RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED Married	(Specify)	s. date of Birth Jan 27, 1906	9. AGE (In years little last birthday) Mont	hs Days Hours Min.
information shoul		doneduring most of	UPATION (Give kind of working life, even if retired)		OR USTRY	11. BIRTHPLACE (State or f		2. CITIZEN OF WHAT COUNTRY?
ion 1 cl	13	FATHER'S NA	AME			Balto. Co. Md. USA		USA
rmat		John 1	W. Roberts			Laura F. Whitcomb		
nfo	15 (Yes	. WAS DECEASED	(If yes, give war or date	FORCES? 16. SOCIAL SECURITY	NO.	17. INFORMANT	ADI	DRESS
of i		No		None		Mr. Leonard J S	Smith 1934 Perl	
Every item of i		(This does heart failure	OR CONDITION LEADING TO DEAT not mean the mode of e, asthenia, etc. It mea complication which of	DIRECTLY I'H f dying, e. g., ns the disease,	las	cuina of U state nouite	trus (body	INTERVAL BETWEEN ONSET AND DEATH
UNFADING INK. Physicians: please w	ATION	DISEASES RISE TO TH	OR CONDITIONS, E E ABOVE CAUSE (A) ING CONDITION LA	FANY, GIVING STATING THE DUE TO	Sign	olvage gra	un)	
ADIN	TIFIC		11	(C)				
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book	AL	19A. DATE OF	OPERATION 1	98. MAJOR FINDINGS OF	OPER	RATION		YES NO
LY, WITH	EDIC	21A. ACCIDEN HOMICIDE	NT, SUICIDE, (Specify)	218. PLACE OF INJURY about home, farm, factory, street, of			If in Baltimore City, giv	ve exact location)
ly im	2	21D. TIME ()	Ionth) (Day) (Year)		CCURR T WHILE	THE RESERVE OF SHARE	Y OCCUR?	
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Tr. PI.				ended the deceased from	1_//	1977 to		that I last saw the
es]	1	decrased ali		, 1950, and that death		rred at True, m., from a	the causes and on the	date stated above.
WE		23/ SIGNATI	Huer T.	Kuuslomsk.	. p. 2	10/6 & Ew	of ane	8/7/50
E v	2	4A. BURIAL, CF ON, REMOVAL (Sp	REMA- 24B. DATE	24c. NAME OF C	EMETE	RY OR CREMATORY 24D. L	OCATION (City, town, o	r county) (State)
AS	110	on, REMOVAL (SP Buria		O LORRAI	NE C	em	Baltimore Md	
PLEASE WEITA correct age is esp	D	ATE RECEIVED	BY REGISTRAR	s signature Villianus	11 3	WM. & Suckner		address .
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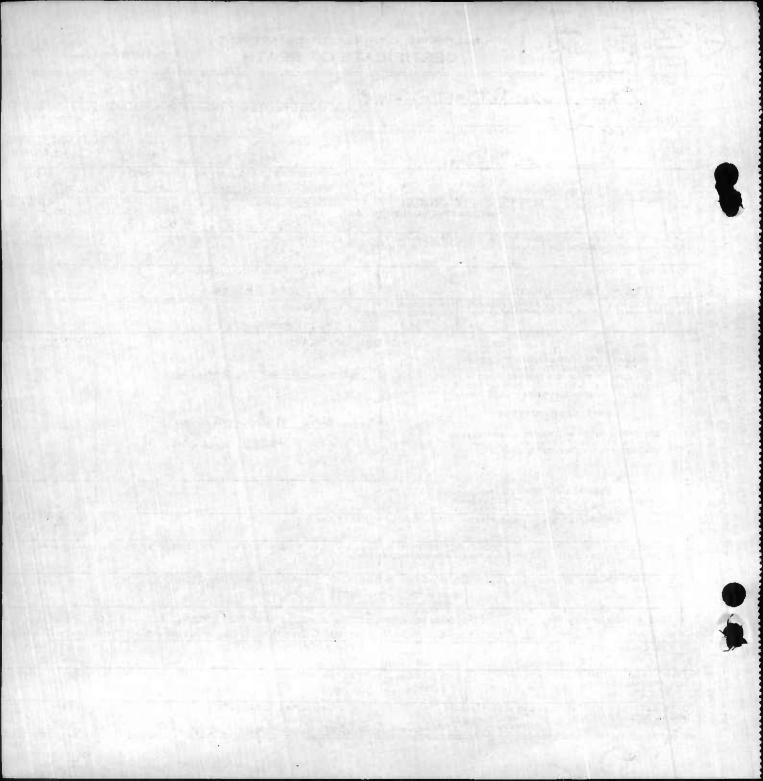
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF 8-7-50 REIN DOLLARA DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limit, write BURAL and give INSTITUTION 6 township) D. STREET ADDRESS Yrs. (If rural, give location) Mos. andser c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years) 8. DATE OF BIRTH If Under 1 Year ff Under 24 Hours last birthday) Months: Days Hours: Min. May 27, 1868 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Home USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Carr Norman Monta Griggs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) | (If yes, give war or dates of service) SECURITY NO Mrs. Troy Cathey 2656 Edmondson Ave. INTERVAL BETWEEN 18. L CAUSE OF DEATH 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES lela DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. ā about home, farm, factory, street, office hldg., etc.) HOMICIDE (Specify) INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from and 6 1950, to and 7, 1950, that I last saw the deceased alive on and 1, 1950, and that death occurred at 63/Am., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED Elinario, Dan age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 248, DATE Lutheran Cemeterv Taneytown, Md. 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Tentington / Villand UG vg 150950



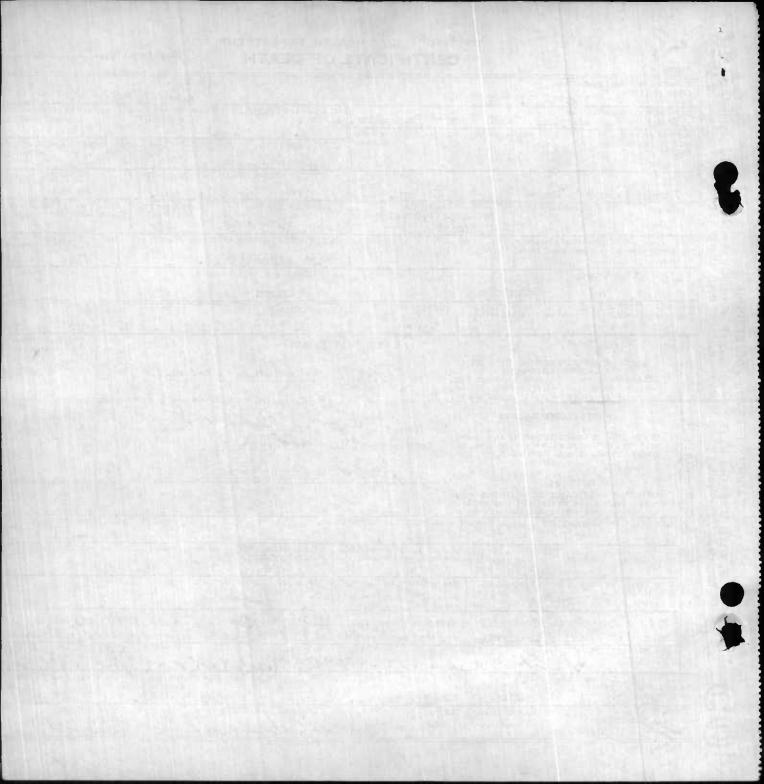
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

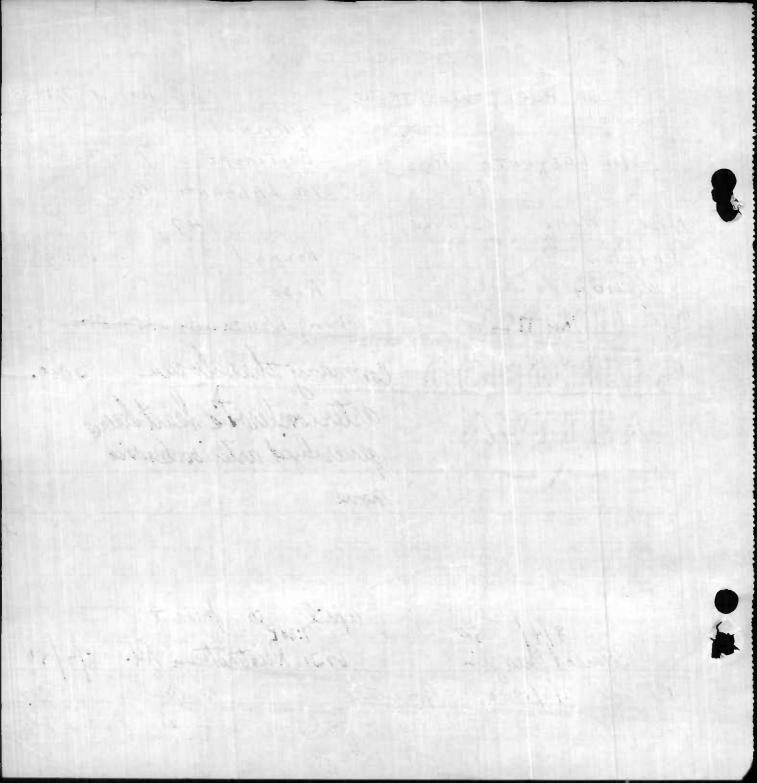
BIKIH NO	·					
1. NAME (Type or Pr	of deceased rint) PHOEBE R.	REESE			OF DEATH 8	6/50
3. PLACE	of DEATH: ore City, Maryland	3002 Ho	ward Park Ave.	4. USUAL RESIDENCE (	Where deceased lived B. COUNTY	l. If institution: residence before admission)
B. FULL N HOSPITAL INSTITUTI	OR	al or institut	ion, give street address or location)		If outside corporate l	mits, write RURAL and give township)
0.0				Be Itimore		9 -
c. Length	of stay in Baltimore		Yrs. Mos. Days	b. street address (1 3002 Howard		
5. SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   If Under 24 Hours
73	757		/ED, DIVORCED (Specify)	0-1 17 1905		Months Days Hours Min.
104 USUA	L OCCUPATION (Givekind of	Wido		Oct. 13,, 1865	foreign country)	12. CITIZEN OF
work done durin	g most of working life, even if retired)	IOB. KINE	INDUSTRY	TI. DIKITI LAGE (State of	Toreign country)	WHAT COUNTRY?
Home			-	Port Deposit,		USA
13. FATHE	R'S NAME			14. MOTHER'S MAIDEN I	VAME	
	? Jenr	nings		Unknown		
15. WAS DE	CEASED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			None	Mrs. Lois Fau	lkner 30	02 Howard Pk Ave
18.	1/2/1/			OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO DISEATE  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH						
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  BY  ANTECEDENT CAUSES  (B) High Palane  5.71.						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
	II.		(C)			
山 TRIE	ER SIGNIFICANT COND BUTING TO THE DEATH, BUT THE DISEASE OR CONDITION	NOT RELAT	ŁD .		•	
-			FINDINGS OF OPER	ATION		20. AUTOPSY?
AL						NO NO
HOMIC	CCIDENT, SUICIDE, SIDE (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore Cit	ty, give exact location)
	ME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUI	RY OCCUR?	
OF INJ	URY	m.	WHILE AT NOT WHILE			
		-	,	1 115 1014	ch 10	156 12 - 1 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	hereby certify that I att			19409		956 that I last saw the
	sed alive on 4	_, 19_62,		red at 9 R m., from	the causes and o	n the date stated above.
23A. S	IGNATURE DI CO	PA	earym.o.	4901/als	ecani	120 4 PY190
24A. BUR TION, REMO	IAL, CREMA- 24B. DATE VAL (Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24b.	LOCATION (City, to	wn, or county) (State)
		9-50	Loudon Pk.	Ba	ltimore Md.	
	EIVED BY   REGISTRAR			Vim. Lukner , 2	lons Inc.	Bells and



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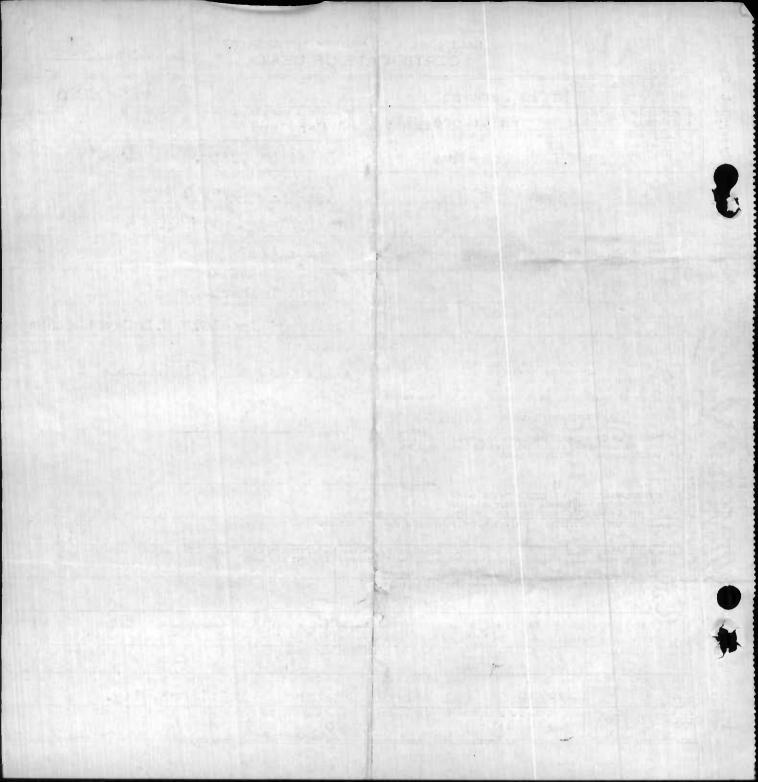


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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6894

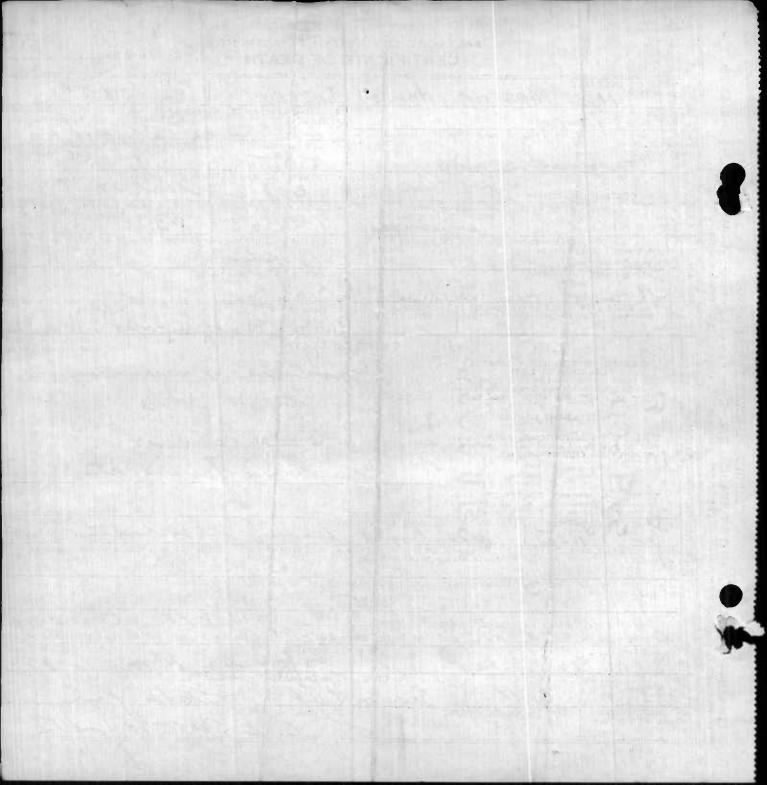
DI	RIA NO.				
	NAME OF DECEASED  ype or Print)  Effie Perkins		OF Aug 4,	1950	
A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore, City FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
40	OSPITAL OR location)   1013 W.Lafayette Ave	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore, City.			
	Yrs.	D. STREET ADDRESS (If	rural, give location)		
	Length of stay in Baltimore 50Yrs Mos. Days	1013 W.Lafayette Ave			
5.	SEX 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				
F C W		10/17/ 1875-?	74-?	1	
rorl	A. USUAL OCCUPATION (Givekind of close during most of working life, even if retired)  Housewife	11. BIRTHPLACE (State or for Virginia	reign country)   12.	CITIZEN OF WHAT COUNTRY?	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	James Wiggins	Maria Talbert			
15 Yes	. WAS DECEASED EVER IN U, S. ARMED FORCES?  a, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
-	No SECONTI NO.	Daisy Wilson-I	1013 W. Lafaye	ette Ave	
	18. 4 2 1 . CAUSE (	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY	A: 1)	~	ONSE! AND DEATH	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ardio Vareulan	arlenstelmens	3 yrs	
Z	ANTECEDENT CAUSES				
MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
	_(6)				
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER.	ATION		20. AUTOPSY?	
	Mrse			YES NO	
	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., In about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (I	f in Baltimore City, give	exact location)	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE	21F. HOW DID INJURY	OCCUR?		
	m.   WORK   AT WORK   1949, to 4 Oug 1950, that I last saw				
	22. I hereby certify that I attended the deceased from fully, 1944, to 40mg, 1950, that I last saw deceased alive on 40mg, 1950, and that death occurred at 8 pmm., from the causes and on the date stated about				
				3c. DATE SIGNED	
	17 My heroad M. B.	1215 Ma	fare .	7 Den- 50	
24	AA. BURIAL, CREMA: 248! DATE / 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LO	OCATION (City, town, or o	ounty) / (State)	
	rial 8/8/1950 Mt Auburn Ce	emetery Bal	timore, City.		
D	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	,	DRESS	
A	JG 8 - 1950 tutington Whiams, Me	Isaiah ;	2 Brown		
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## BALTIMORE CITY HEALTH DEPARTMENT

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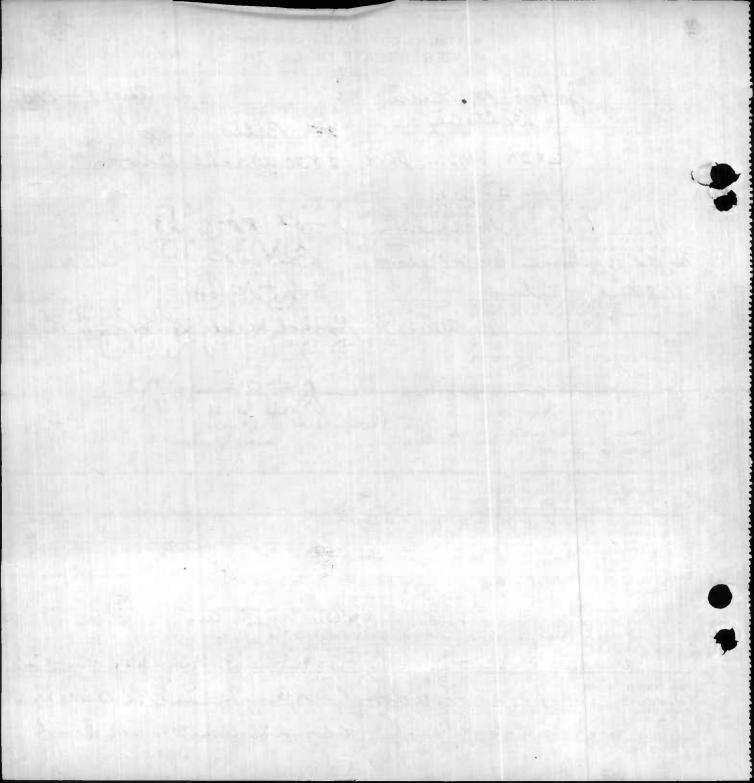
CERTIFICATE OF DEATH Registered No.					
BIRTH NO.					
(Type or Print) MRS. MARTITA HANSON	INSLEY 2. DATE OF 8-8-50				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence  B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or					
HOSPITAL OR location	C. Charles Of Toward (11 outside Corporate Maries, William City II all Elive				
ST. Josephin 1 Ann.	Baltimore 8-00 township)				
Yrs.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore & 2 yrs . Mos.	2038 E. Federal JT " 13				
5. SEX 6. COLOR DR RACE 7. SINCLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years   11 Under 1 Year   11 Under 24 Hours   last birth day)   Months; Days   Hours   Min.				
- W wisdowed	7-16-67 82				
IOA. USUAL OCCUPATION (Give kind of lob, KIND OF BUSINESS OR work done during most of working kie, even if retired)  10					
Jones -	1 granne V. J. A.				
13. FATHER'S NAME	MOTHER'S NAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS,					
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	martin to land - 324 Ellow PK				
18. E 9 71 2 CAUSE	OF DEATH				
2/00.0	DISET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  LEADING TO DEATH  LEADING TO DEATH					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
injury or complication which caused death.) DUE TO	CERTIFICATION APPROVED BY				
ANTECEDENT CAUSES					
O DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
2 Amire R.					
(c) Traclined flines - N-					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
194 DATE OF OPERATION 1 198 MAJOR FINDINGS OF OPERATION 120 AUTOPSY?					
July 24/1950 Frostend ferm- Sub tocharterers No 1					
218. ACCIDENT. SUICIDE.  218. PLACE OF INJURY (e.g., in a 21c. WHERE DID (If in Baltimore City, give exact location)  Accident  218. PLACE OF INJURY (e.g., in a 21c. WHERE DID (If in Baltimore City, give exact location)  Accident  208. F. Federal Street					
5	2038 E. Federal Street 8/6				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY	(inside)				
May 26, 1949 m. WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased from 7-5, 19 Nto 8-8, 19 Nhat I last say					
deceased alive on \$ - 19, and that death occurred at 200 km., from the causes and on the date stated at					
23A. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED				
M. C. Claece, M.D.	It featon last & - 1.20				
24A) BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETI	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
Jureal 8/11/50 Loudon	Tark Hall nd				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. BUNERAL DIRECTOR AODRESS				
AUG 8 - 1950	X. Luck 5305 Harford Ld				
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he	BI	IRTH NO.		C	ERTIFICATI	OF DEATH	Н	Registered	l No	
J. pe		NAME OF DECEA	Selen	mil	Cita		2.	OF CL	097-	1950
supplied		PLACE OF DEATH Baltimore City,	Maryland	altoca	E	4. USUAL RESIDE	NCE (Where	B. COUNTY		residence re admission)
y su	H	FULL NAME OF OSPITAL OR	(If not in hospit	al or institution,	tve street address or location)	c, CITY OR TOWN	(If outs	ide corporate lin	mits, write RUI	RAL and give
E.		ISTITUTION	2830	5 WAS		2830 W	ash	Blv	d	township)
0 6	C	Length of stay i	n Raltimore	50 m	Yrs. Mos. Days	D. STREET ADDRE	ISS (If rura	l, give location)	25-5	, 2
and			DLOR OR RACE	7. SINGLE, N		8. DATE OF BIRTH	9.	AGE (In years last birthday)		It Under 24 Hours Hours Min.
_	10	A. USUAL OCCUPA	TION (Give kind of	May 10B, KIND O	F BUSINESS OR	/-/5- \ 8	782	68'	12. CITIZE	EN OF
		k done during most of work	ing life, even if retired)		INDUSTRY	Palas	rd			COUNTRY
rmatic	13	B. EXTHER'S NAME	12 7			14. MOTHER'S MA	IDEN NAME	1		
information of death cl	15	S. WAS DECEASED EV	ER IN U, S. ARMEI	FORCES?   1	6. SOCIAL	17. INFORMANT	Luca		ADDRESS	0 1
of ir	(10	s, no or uoknowo) (If	yes, give war or date	2)	7-05-3956	Rothal m	Kila	1830 t	vast.	Blog(
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30+0		(This does not	DING TO DEA	TH of dying, e.g.,	(A) My	condition ?	Cogn		24	<b>√</b> ₽.>
Ever		injury or comp	thenia, etc. It mea lication which	eaused death.)	DUE TO QUE	sumpens ate	in.	W. Tools	, , , , , , , , , , , , , , , , , , ,	
	z	ANT	ECEDENT CAUS	SES	(B) Bru	uchie osi	Cua		5	T 440
G INK.	OIT	RISE TO THE AL	CONDITIONS, 1 BOVE CAUSE (A) CONDITION LA	STATING THE	DUE TO					
NIC ans:	FICA				(C)		••••••	•••••		
UNFADING Physicians:	ERTII	TRIBUTING TO	II FICANT COND THE DEATH, BUT	NOT RELATED	V					
Het .	U	19A. DATE OF OF	ERATION 1		NDINGS OF OPER	ATION			20. A	UTOPSY?
WITH rtant.	CAI	21A. ACCIDENT	WAS UNDER	21B PLACE	OF INJURY (e. g., ie	or   21c. WHERE D	ID (If in	Baltimore City	YES V. give exact I	NO L
LY, WITH	1EDI	LYING OR CO	NTRIBUTING		, factory, street, office bldg., e				,, 6	,
O I	2	21D. TIME (Mont OF INJURY	h) (Day) (Year	WHI	. INJURY OCCURRI	21F. HOW DID	ואטעאן סס	CCUR?		
PL		22. I hereby cer	tify that I at	tended the de	eeased from	. Sew , 1940	s, to Cu	, 10	So, that I le	ast saw th
essi essi		deceased alive of		1950. an		red at 2 6m.,	, from the e	ausés and or		ated above
E WR		TEA	erai V.	Beirce	M. O. =	1) 3 Nestine	0 00	ery - Pals	51 Bug	7-50
	TU	AA. BURIAL, CREM ON, REMOVAL (Specif	24B. DATE	1- 7	NAME OF CEMETE	RY OR CREMATORY	1 240. LOCA	TION (City, to	m, or county	(State)
PLEAS	D	ATE RECEIVED BY		SIGNATURE	COUCHT-	25. FUNERAL DIR	ECTOR	my la	ADDRESS	5
HO		AHC 8 - 1950	Huti	ator Will	auce, Mat	Edward To	ulson	2.359 Was	el Blr	d
	1 '	VS 150	Only Only	0	7632	4		Ballo	mel (	13)
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	NAME OF D 'ype or Print)	ECEASED &	26.6	Brug.		2. DATE OF DEATH	8/8/50
	Baltimore (	EATH: lity, Maryland			4. USUAL RESIDENCE		yed. If institution: residence TY before admission
В.	FULL NAME		al or institution,	give street address or location)	6 Tole	7 V	- 33
	ISTITUTION	IOHNS MOPKI	NS HOSPITAL		c. CITY OR TOWN	a	e limits, write RURAL and g townsh
_	Length of st	tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS	(If rural, give location	on)
	SEX	6. COLOR OR RACE	7. SINGLE, MA		B. DATE OF BIRTH	9. AGE (In year	
1	male	White	WIDOWED,	DIVORCED (Specify)	4-5-50	last birthday	y) Months Days Hours Mi
10. work	A. USUAL OC	CUPATION (Give kind of f working life, eveo if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)  Obla.	12. CITIZEN OF WHAT COUNTR
13	FATHER'S N	AME (01 D			14. MOTHER'S MAIDE	N NAME	
15	WAS DESEASE	0.0	Man		Sugarne	La gar	on
(Yes	s, no or uokoown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16	SECURITY NO.	17. INFORMANT	KIRS HOSPITA	ADDRESS
	(This does heart failu	E OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mes complication which	TH of dying, e.g., ons the disease,	DUE TO	noitrogu	of The Gre	70
ERTIFICATION	(This does heart failure in jury or DISEASES RISE TO THE UNDERLY OTHER STRIBUTING	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA  LA  LI  LI  LI  LI  LI  LI  LI  LI	TH of dying, e. g., on the disease, caused death.)  SES  F ANY, GIVING STATING THE IST.  TIONS CONNOT RELATED		CERTII	FICATION APPROV	From Birli
RTIFICA	(This does heart failur injury or DISEASES RISE TO THE UNDERLY OTHER STRIBUTING TO THE DI	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA  III IGNIFICANT CONDIT TO THE DEATH, BUT SEASE OR CONDITION	TH of dying, e. g., ins the disease, eaused death.)  SES  F ANY, GIVING STATING THE IST.  TIONS CONNOT RELATED CAUSING IT.	(B)	CERTII	FICATION APPROV	From Birli
CAL CERTIFICA	OTHER STRIBUTING TO THE DISPASES	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which  ANTECEDENT CAUS  OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION L  IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION F OPERATION	TH of dying, e. g., ins the disease, caused death.)  SES  FANY, GIVING STATING THE IST.  TIONS CONNOT RELATED CAUSING IT.  9B. MAJOR FIN	(B)	CERTIII  ATION  CONTACT VENT	FICATION APPROV	/ED BY
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EDICAL CERTIFICA	OTHER S TRIBUTING TO THE DI  21A. ACCID LYING OF INJURY  22. I hereby	LEADING TO DEAT NOT TO DEAT NOT MEAN THE MODE of the ANTECEDENT CAUSE (A) ING CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA CONTRIBUTION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OPE	THOMS CONNOT RELATED CAUSING IT.  9B. MAJOR FINE CAUSING I	DUE TO  (B)  DUE TO  (C)  NDINGS OF OPER  OF INJURY (e. g., first actory, street, office bidg., ce  INJURY OCCURRE  AT NOT WHILE AT WORK  eased from  that death occur	ATION  CERTILIA  ATION  OF AT  INJURY OCCUR?  ED 21F. HOW DID IN:	CIT in Baltimore Count of the causes and	ZO. AUTOPSY YES NO City, give exact location)  193 Ahat I last saw ton the date stated about 23c. DATE SIGNE
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MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE DI  21A. ACCID LYING OF CAUSE OF 21D. TIME ( OF INJURY)  22. I hereby deceased al	LEADING TO DEATON TO THE ADDRESS OR CONDITIONS. I HE ABOVE CAUSE (A) ING CONDITION LA	THOMS c. g., aused death.)  SES  FANY, GIVING STATING THE STATING THE STATING THE CAUSING IT.  9B. MAJOR FIN  21B. PLACE about bome, farm, for the control of the decended the	DUE TO  (B)  DUE TO  (C)  NDINGS OF OPER  DINJURY (o. g., in actory, street, office bldg., compared to the count of the death occurred that death occurred that death occurred that death occurred that death occurred the count of the count occurred the count of the count occurred the count occurre	CERTINATION  CONSTRUCTION  CON	CLEM LOSSIANO OR ASCT. MEDICAL EXAMINATION (If in Baltimore Court of the courses and IS MOSPITE!	ZO. AUTOPSY YES NO City, give exact location)  19. Ahat I last saw on the date stated about 23c. DATE SIGN

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BINDING

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MARGIN



	BII	50 RTH NO.	6900			ALTH DEPARTMEN	T Registered	NO 690
1	1. (T <sub>3</sub>	NAME OF D	GILBERT	JOHNSON			2. DATE OF ALLC	ust 6, 1950
		PLACE OF D Baltimore (		001410011		4. USUAL RESIDENCE A. STATE		
F	HO	FULL NAME SPITAL OR STITUTION	OF (If not in hospit	al or institution, give	street address or location)	Maryland c. CITY OR TOWN	(If outside corporate limit	
-	3	3	Johns Hopk	ins Hospital	L Yrs.	Baltimore D. STREET ADDRESS		03 town
Salbra	С.	Length of s	tay in Baltimore	Balto	Mos. Days	629 S. Montf		
and	m	sex ale	6. COLOR OR RACE	widowed	RIED, ORCED (Specify)	8. DATE OF BIRTH 1-25-69	9. AGE (In years last birthday) M	If Under 1 Year Conths Days Hours
lear!	ork :	Retire		108. KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (State of Bal to		12. CITIZEN OF WHAT COUN
o ua	3.	FATHER'S N				14. MOTHER'S MAIDEN NAME		
	Gilbert J. Johnson  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.					Catherine Kryn  17. INFORMANT Marie Overbeck 3402 St Ambrose Ave		
	_		SE OK COMPILION	DIRECTLY				
Station write the causes		(This does heart failt injury or DISEASE RISE TO T	SE OR CONDITION LEADING TO DEA'S not mean the mode of are, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	TH  of dying, e.g.,  ns the disease,  aused death.)  DU  EES  F ANY, GIVING  STATING THE  DU  ST.	JE TO	osclerotic cerdi		ease
please write t		(This does heart failt injury or DISEASE RISE TO TUNDERLY	LEADING TO DEA's not mean the mode of the state of	TH of dying, e.g., of dying, e.g., ns the disease, aused death.) DUSES  FANY, GIVING STATING THE DUST.  TIONS CONNOT RELATED	(B)			eas e
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Fnysicians: please write to CERTIFICATION		(This does heart failt injury or DISEASE RISE TO TUNDERLY OTHER STRIBUTING TO THE DISA, DATE COLORS OF THE DISA, DATE COL	LEADING TO DEA' s not mean the mode of are, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA  III GIGNIFICANT CONDITION TO THE DEATH, BUT THESEASE OR CONDITION	TH of dying, e. g., in the disease, aused death.) Du SES  F ANY, GIVING STATING THE DUST.  TIONS CONNOT RELATED CAUSING IT.	(B)(C	ATION  or   21C. WHERE DID		20. AUTOPS
MEDICAL CERTIFICATION		(This does heart fails injury or DISEASE RISE TO TUNDERLY)  OTHER STRIBUTION TO THE D  19A. DATE C  21A. EXTERNUNDERLYIN UTING   CONTROL OF CON	LEADING TO DEA' s not mean the mode of tre, asthenia, etc. It mean complication which of ANTECEDENT CAUSE S OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITION TO THE DEATH, BUT THIS ASSE OR CONDITION OF OPERATION  NAL CAUSE WAS IG OR CONTRIB-	TH  of dying, e. g., ns the disease, aused death.)  DU  SES  F ANY, GIVING STATING THE  DU  TIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR FINDII  21B. PLACE OF about home, farm, factor	(B)(C	ATION  or 21c. WHERE DID  tc.) INJURY OCCUR?	(If in Baltimore City,	20. AUTOPS
Fnysicians: please write to CERTIFICATION		OTHER STRIBUTION TO THE DISAL EXTERIUNDERLY UNDERLY UN	LEADING TO DEA'S s not mean the mode of are, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA  III SIGNIFICANT CONDITION OF OPERATION III NAL CAUSE WAS CAUSE OF DEATH. (Month) (Day) (Year)  fy that I took charvidence obtained by eath in my opinion	TH of dying, e. g., ns the disease, aused death.) Dusting SES  FANY, GIVING STATING THE DUST.  TIONS CON. NOT RELATED CAUSING IT	DE TO  (B)  (C)  NGS OF OPER  INJURY (e.g., in ry, street. office bldg., e  JURY OCCURRE  NOT WHILE  AT WORK  INS described a  INSPECTION OF I	ATION  OF 21C. WHERE DID INJURY OCCUR?  ED 21F. HOW DID INJURED DID INJURY DI	(If in Baltimore City,  ORY OCCUR?  Autopsy y, Inspection or Inquiry deceased died on t	20. AUTOPS YES N give exact location  thereon and he day stated a

REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRANS 151

L If institution; residence

imits, write RURAL and give

M Under 1 Year | If Under 24 Hours | Months | Days | Hours | Min.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

20. AUTOPSY? YES X y, give exact location)

thereon and from the day stated above, , undetermined []. 23C. DATE SIGNED August 7 wn, or county)

before admission)

append of the first

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1	1440	
- Committee	50	690
le l	BIRTH NO.	

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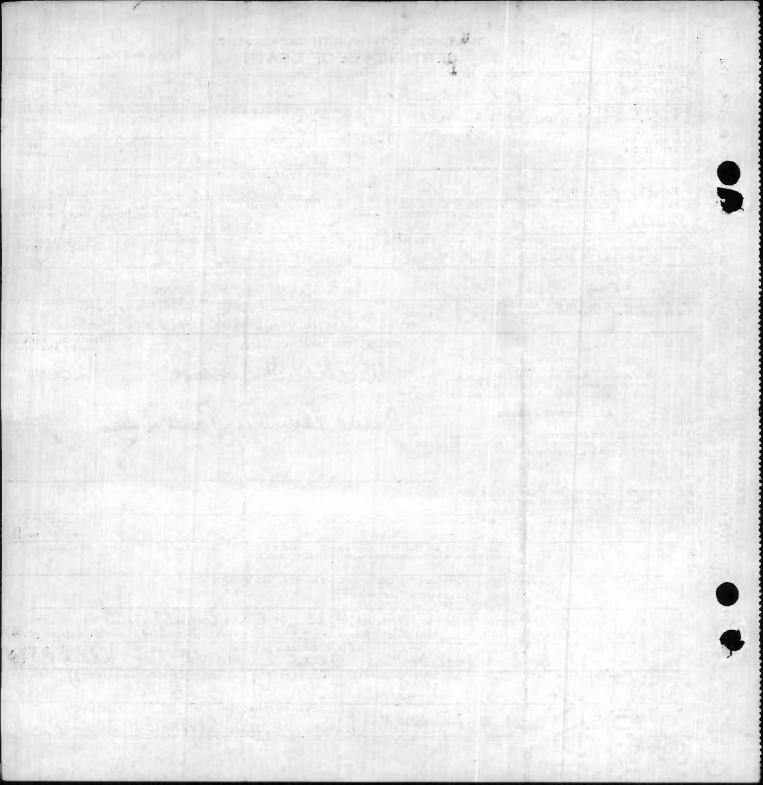
В	50 6901 CERTIFICATI	E OF DEATH	Registered No	0304
	NAME OF DECEASED when or Print) ADAM SIL	WICK	2. DATE OF August	7, 1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		
В.	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location) STITUTION Johns Hopkins Hospital	c. CITY OR TOWN (IF Baltimore	outside corporate limits,	
C.	Length of stay in Baltimore 40 vrs Days	D. STREET ADDRESS (If 1	ALL THE SECTION AND ADDRESS OF THE SECTION ADDRESS	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Male White Married	8. DATE OF BIRTH	9. AGE (In years) If Un	der 1 Year hs: Days Hours Min.
worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  Iron Wotker	11. SIRTHPLACE (State or fo	reign country)   1;	2. CITIZEN OF WHAT COUNTRY USA
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA		OOR
15	Joseph Silwick Was deceased ever in U. S. ARMED FORCES?   16. SOCIAL	Michalena Rat	tazack	
(Ya	, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT		PRESS
	18. E902.3. CAUSE	Emma Silwick 29	116 Eastern Av	E INTERVAL BETWEEN
ERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C) Bileter	ed pelvis with re hemorrhag	е	
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		EEE	
LC	19a. DATE OF OPERATION 19a. MAJOR FINDINGS OF OPER.	ATION		YES TO NO
EDICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., et uting 20 Cause of Death.	21c. WHERE DID (If the injury occur?) 110 N. Broadway	in Baltimore City, given ay St.	e exact location)
M	OF INJURY 31 1950 8:50 m. WHILE AT WORK AT WORK	Fell when scaf standing & pain	fold on which	he was to sidewalk)
	22. I certify that I took charge of the remains described a	Autopsy, T	napection or Inquiry	thereon and from
	the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	☐, accident ➡, suicide	□, homicide □, und	letermined [].
_		238. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	YAMINER TO	st 7, 1950
TIC	N. REMOVAL (Specify) 8-9-50 mt. Co	armel Bo	Otemver -	nd
024	THE RECEIVED BY REGISTRAR'S SIGNATURE HULL REGISTRAR HULL REGISTRAR HULL REGISTRAR'S SIGNATURE HULL RE	25. EUNERAL DIRECTOR	4038.W	Sep St.
W	5 151 N-808 2 100 6903B	10	101	1

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

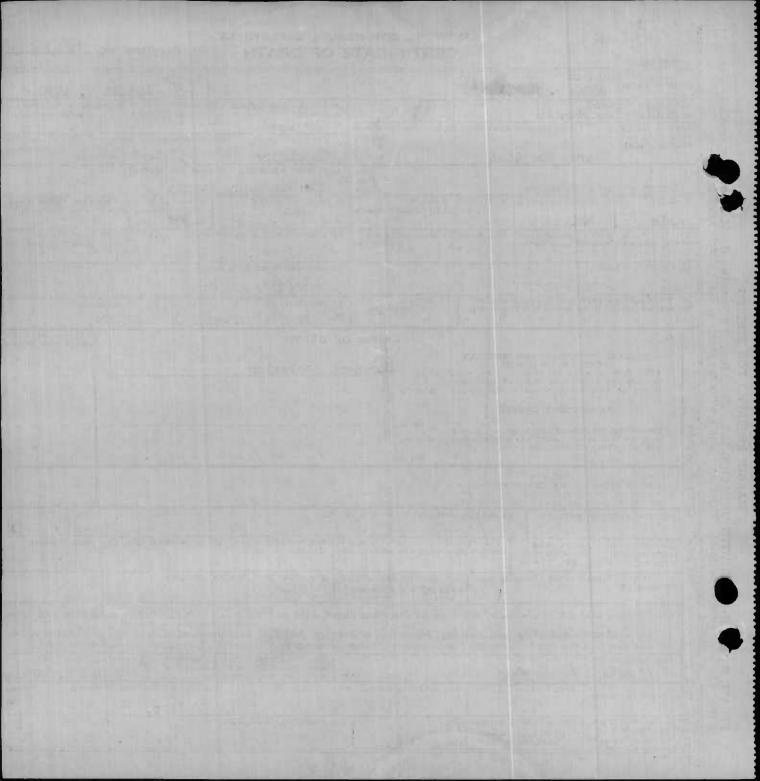
50 6902 Registered No.

B	IRTH NO.	
1. (7	NAME OF DECEASED (Spe of Print) Caroline S. Mordhoff	2. DATE OF August 7.1950
3 A	Baltimore City, Maryland 3417 Lyndale ave	4. USUAL RESIDENCE (Where deceased lived, If Institution; residence A. STATE B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	
	ISTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
0		Daltimore 16-01
	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Days	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.  WLDOWED, DIVORCED (Specify)	8. DATE OF BIRTH   9/AGE (In years   II Under I Year   II Under I
	remale white Indowed	June 7. 1873 77
10 wor	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k done during most of working life, even if retired)	W1. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	Stone wife at Home	Battimore md.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Ludwig Schneider	Elizabeth W. Wambach
15 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL a, no or unknown) (If yea, give war or dates of service) SECURITY NO.	17. INFORMANT , ADDRESS
1	(If yes, give war or dates of service) SECURITY NO.	Louis J. Biemeller 408 Mh. Holly St
	18. WW CAUSE	OF DEATH
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	retral Acres 2 dage
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	$\Omega$	
7	ANTECEDENT CAUSES	le Vascular Reval Discuse 2 years
NOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
1	UNDERLYING CONDITION LAST.	
RTIFIC		
E		
, [III	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED	
U	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?
A		YES NO X
100	21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e.g., i HOMICIDE (Specify) about home, form, foctory, street, office bidg.,	
EDI	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	,etc.) INJURY OCCUR?
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
	OF INJURY  WHILE AT NOT WHILE  M. WORK AT WORK	
	22. I hereby certify that I attended the deceased from	Dy 17 , 1950 to Cesquel 7 , 1950 that I last saw the
	deceased alive on 1, 19 50, and that death ofcu	1950 to Creatly, 1950 that I last saw the arred at 3 55 pm., from the auses and on the date stated above.
	23A. SIGNATURE (A)	23B. ADDRESS   23C. DATE SIGNED
	albert aiseiberg M.O.	2025 & North Nr. Cleg 8, 1950
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or count) (State)
	Burial aug 10,1950 London	Park Ball City md
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	MIC 9 = 1950	Mus. Mus. John Mr. Venfel v Son 5311 Edmondson
	AUG 9 - 1950	Hur hus John Ir Tenfel v Son 5311 Edmondson ave
	AHG 9 = 1950	My Mus. John M. Tenfel v Son 5311 Edmondson ave



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	ga. ly suppli	legibi
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DING	nformation	of death cl
FOR BINI	item of ir	he causes
KVED	Every	write t
KENE	INK.	please
MARGIN KESERVED FOR BINDING	PLEASE WRITA PLA Y, WITH UNFADING INK. Every item of information should because	Physicians:
	Y, WITH	important.
	PLA	especially
	E WRI	age is
	PLEASI	correct

1	50	6903	BA	LTIMORE CITY HI			.50 690g
	BIRTH NO.			CERTIFICAT	E OF DEAT	H Register	ed No.
	1. NAME OF D (Type or Print)	CARL GRA	ESER NS			2. DATE OF DEATH AU	igust 7, 1950
	3. PLACE OF D A. Baltimore (	EATH: City, Maryland			4. USUAL RESIDE	ENCE (Where deceased live B. COUNT	ed. If institution: residence Y before admission
			al or institu	tion, give street address or location)		(If outside corporate	limits, write RURAL and giv
	Mercy Hospital				Baltimore	70-	township
		tay in Baltimore		Yrs. Mos. Days	· // ·	ess (If rural, give location tery Avenue	n)
	male	6. COLOR OR RACE	WIDOV	E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	lost hillhour	rs If Under 1 Year If Under 24 Hours  Months Days Hours Min
	ork done during most o	CUPATION (Give kind of f working life, even if retired)	IOB. KINI	D OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
-	13. FATHER'S N	IAME			14. MOTHER'S MA		
	G	corge Graeser			unkn	mon	
0	15. WAS DECEASE Yee, no or nnknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Calvin Great	ser, 920 Garler	i brive
	OISEAS (This does heart failu	D. / SE OR CONDITION LEADING TO DEA's not mean the mode of tre, asthenla, etc. It mea complication which of	rH of dying, c. ns the disea aused deat	g., (A) Coron	OF DEATH	1	ONSET AND DEAT
MOITACITITO	DISEASES RISE TO T UNDERLY	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING T				
TITOU		IGNIFICANT CONDI TO THE DEATH, BUT ISEASE DR CONDITION	NOT RELAT	ED			
	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
40100	UNDERLYIN	NAL CAUSE WAS G  OR CONTRIB- CAUSE OF DEATH.	218. PL about home,	ACE OF INJURY (e. g., i farm,factory,street,office bldg.,	n or 21c. WHERE D		ity, give exact location)
	OF INJURY	Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
						Autopsy, Inspection or Inq	ion thereon and from uiry n the day stated above
	and de	ath in my opinion	resulted	from: natural causes	s 2, accident [],	suicide 🗌, homicide	$\Box$ , undetermined $\Box$ .
	23A. SIGNA	lien V douts	4		ASSISTANT ME I.D. MEDICAL INVE	EDICAL EXAMINER	August 8, 1950
1	100 REMOVAL (S	pecify) 24s. DATE	50	24c. NAME OF CEMETE	RY DR CREMATORY	24d. LOCATION (City, 1	town, or county) (State)
	DATE RECEIVED		SIGNATI	Migue Min	25. FUNERAL DIR	Le me 1217	ADDRESS
	V S 151	. W. W.	O Trayed)	56	424		940 -



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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

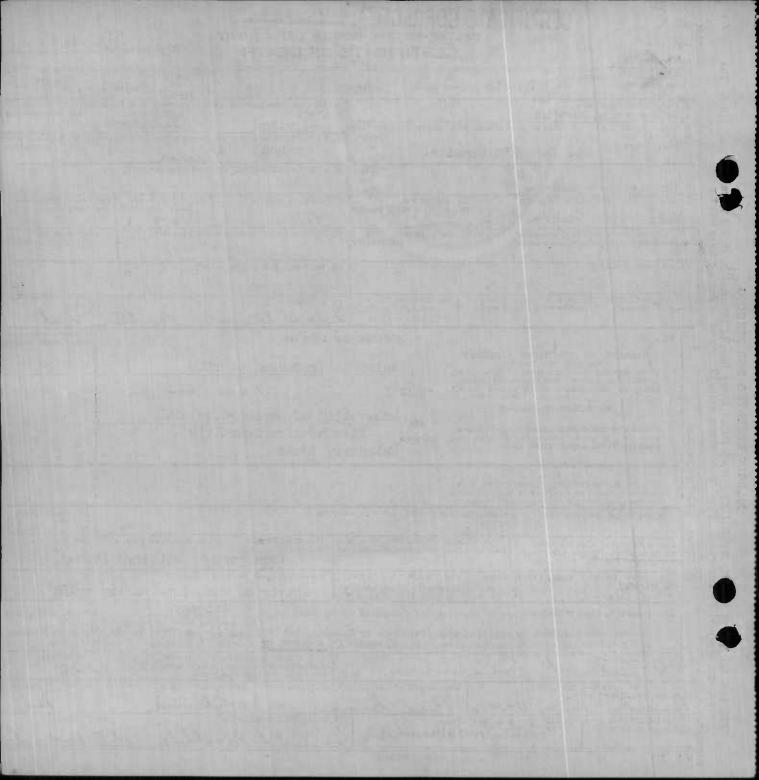
50 6904 Registered No.

BI	RTH NO.		
	NAME OF DECEASED (The or Print) MORRIS FABE	ER	2. DATE OF August 8,1758 DEATH
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (WASTATE Maryland	There deceased lived, If institution: residence B. COUNTY before admission)
HC	SPITAL OR T (If not in hospital or institution, give street address or location)  STITUTION T 2706 Nortonia Road		outside corporate limits, write RURAL and give township)
c.	Yrs. Length of stay in Baltimore 30 Yrs.  Mos. Days	D. STREET ADDRESS (If a 3021 Garrison B)	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) Widowed	8. DATE OF BIRTH	9. AGE (In years of Under 1 Year of Under 24 Hours last birthday) Months Days Hours Min.
WOLF.	a. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) tired—Proprietor Confectionry Store	11. BIRTHPLACE (State or fo	reign country) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NA Unknown	AME
15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?  10 or anknown) (If yes, give wer or dates of service) SECURITY NO.  10	17. INFORMANT Seigmund Faber-30	O21 Garrison Blvd.
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	neralized scienosis	
AL C	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
EDICA	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		f in Baltimore City, give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI OF INJURY   WHILE AT   NOT WHILE WORK   WORK   NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?
DA	Meling 1. (Forder M.O.)	red at 8557 m., from the 38. ADDRESS 2030 W. Tage	he causes and on the date stated above.  Left   23c. DATE SIGNED    SCATION (City, town, or county) (State)  imore, Maryland  Brox w. North One  92

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U	6905	
		BALTIMORE

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6906 Registered No. 50-6906

B	IRTH NO.			OLIVIN 10711					
1.	NAME OF D	ECEASED				2. DATE			
(3	ype or Frint)			Mildred Grace	e Schwinger DEATH August 8, 1950				
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution : residence before admission)		
	FULL NAME	OF (If not in hospit	al or instituti	ion, give street address or location)	Maryland				
	ISTITUTION			location,	c, CITY OR TOWN (If	outside corporate limits, v	vrite RURAL and give township)		
	00	4200 Sherbr	ook Ave		Baltimore	18.0			
				Yrs. Mos.		rural, give location)			
		tay in Baltimore		Days	4200 Sherbrool				
5	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years     Unc last birthday)   Month	ler   Year   II Under 24 Hours		
	Female	White	Marrie		Oct.22,1900	49	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)   12	CITIZEN OF		
W 01	home	or working me, even m reured)	at hom		Pleasant Hill	Md.	WHAT COUNTRY?		
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA				
	Richard S	Shaffer			Alice May Tay	lor			
		ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		RESS		
(Ye	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.		nwinger-4206 E			
_				попе	Fit . Kenneth Sch	IWINGEL-4200 E			
	18. 44	3 %		CAUSE	OF DEATH		INTERVAL BETWEEN		
		SE OR CONDITION		77			0.1		
	(This does	s not mean the mode	of dying, e. s	S., (A)	t failure	*******************************	2 hrs.		
	heart failt injury or	are, asthenia, etc. It mea complication which o	ns the diseas caused death	e, ) DUE TO	*				
		ANTECEDENT CAUS	ere	PESIA PERIL					
z	AL DIS	ANTECEDENT CAUS	553	Pulme	onary edema				
RTIFICATION		S OR CONDITIONS, I		1G					
4	UNDERL	YING CONDITION LA	ST.						
10				Нуре	rtensive cardiovas	scular disease			
F		II		(C)					
Ш	OTHER S	GIGNIFICANT COND	NOT RELATE	Generalize	d arteriosclerosis	3			
U		DISEASE OR CONDITION		FINDINGS OF OPER	IATION!		20. AUTOPSY?		
1	ISA. DATE C	OF OPERATION I	98. MAJOR	FINDINGS OF OPEN	ATTON		YES NO X		
Ü	21A ACCIDI	ENT. SUICIDE.	2 IB. PLA	CE OF INJURY (e. g., i	n or   21c. WHERE DID (I	f in Baltimore City, give			
EDICAL	HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg.,					
Σ	Ole Tive	(Man4h) (Dan) (Yann)	(Mana) 1	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUP?			
	OF INJURY	(Month) (Day) (Year)				OCCORT			
			m.	WHILE AT NOT WHILE AT WORK		- 0 0 EN			
	22. I hereb	y certify that I att	ended the	dcceased from	8-8- , 19 50, to		that I last saw the		
	deceased a	live on 8-8-	19 50	and that death occur	rred at 1:25A m., from ti	he causes and on the	date stated above.		
	23A. SIGNA	TURE			3B. ADDRESS		23c. DATE SIGNED		
		Comis.	_ a	(may M. D.	1/13 Reistersto	m Rd.	8-8-50		
2	4A. BURIAL, ON, REMOVAL (S BUTIS	CREMA: 24B. DATE			RY OR CREMATORY 24D. LO	OCATION (City, town, or	county) (State)		
	Buri	al	8-10-5	O Bethel Cer	n. Carı	roll Co., Md.			
	ATE RECEIVE	DAD			25. FUNERAL DIRECTOR		DDRESS		
	OCAL REGIST	Huntingt	on Will	iams, M.D.	Wm.J.Tickner &	& Sons, IncBa	lto., Md.		
	V6 150								
15	VS 150					(3 of June			



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# BALTIMORE CITY HEALTH DEPARTMENT

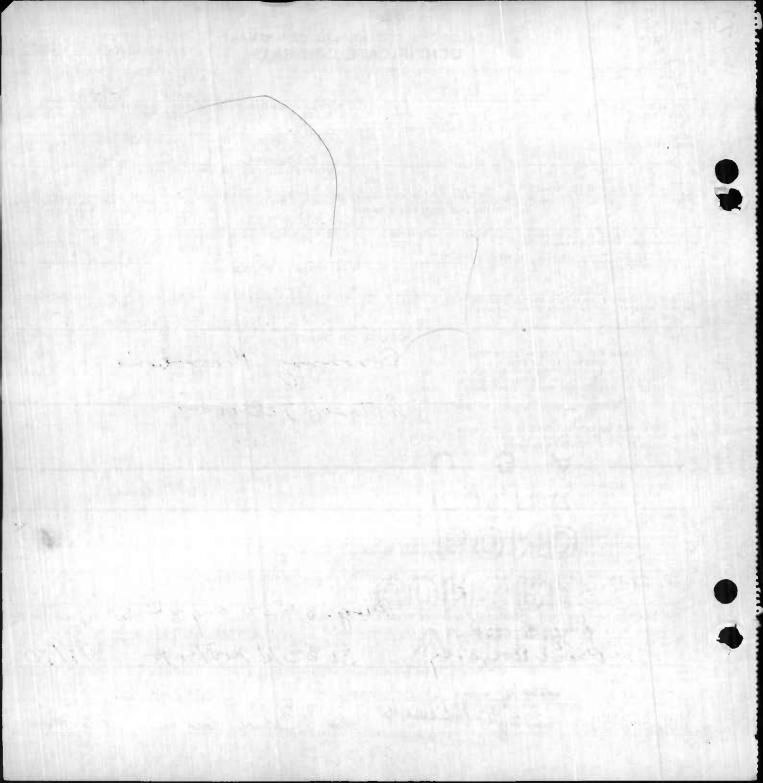
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			2. DATE	
(Type or Print) RIC	HARD BLANCK		OF DEATH	8-8-50
3. PLACE OF DEATH:	7402 F 1 1	4. USUAL RESIDENCE (	Vhere deceased live	d. If institution : residence
A. Baltimore City, Maryland	spital or institution, give street address of	A. STATE	B. COUNT	before admission
HOSPITAL OR	location	\	outside corporate	limits, write RURAL and give
INSTITUTION			15	township
	Yrs.	Baltimore D. STREET ADDRESS (If	rural give location	
c. Length of stay in Baltimor	e 50 Yrs. Mos.	3401 Fairvier	v Ave.	
5. SEX 6. COLOR DR RA	CE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	Dec. 16, 1879	9. AGE (In year last birthday)	Months Days Hours Mir
10A. USUAL OCCUPATION (Give king ork done during most of working life, even if reti	adof 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
Estimator & Bookk		New York Ci		WHAT COUNTRY USA
13. FATHER'S NAME	oopor Bamoor	14. MOTHER'S MAIDEN N		1 0214
Oscar Blanck		14 . (7)		
15. WAS DECEASED EVER IN U.S. AR	MED FORCES?   16. SOCIAL	Marie Thies:	3	
Yes, no or unknown) (11 yes, give war or	dates of service) SECURITY NO.			ADDRESS Laurel Mc
No	Uhknovn	Mr. Wm. R. Blan	ck 803 Fair	clawn Ave.
18. 420.1		OF DEATH		ONSET AND DEAT
DISEASE OR CONDITION	N DIRECTLY	7-		*
(This does not mean the more	de of dying, e.g., (A)	on any	Longes	4
heart failure, asthenia, etc. It injury or complication which	means the disease, h caused death.) DUE TD	0		
ANTECEDENT	0	- ' - 0'		NAME OF BRIDE
ANTECEDENT CA	MI	end ) cless	200	
	_ (D)			
DISEASES OR CONDITIONS	5, IF ANY, GIVING		***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DISEASES OR CONDITION: RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE DUE TO		***************************************	
UNDERLYING CONDITION	(A) STATING THE DUE TO			
UNDERLYING CONDITION	(A) STATING THE DUE TO			
UNDERLYING CONDITION  OTHER SIGNIFICANT COI	(A) STATING THE DUE TD LAST. (C)			
OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, B	(A) STATING THE DUE TD LAST. (C)			
OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, B	(A) STATING THE DUE TD LAST. (C)	RATION		20. AUTOPSY?
OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION	(A) STATING THE DUE TD LAST. (C)	RATION		20. AUTOPSY? YES ND
OTHER SIGNIFICANT CONTRIBUTION  OTHER DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER	NDITIONS CON- UT NOT RELATED ION CAUSING IT.  19B. MAJOR FINDINGS OF OPER	In or 21c. WHERE DID (	f in Baltimore Ci	
OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Yellow)	NDITIONS CON- UT NOT RELATED ION CAUSING IT.  19B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g.,   about home, farm, factory, street, office bidg.,	in or 21c. WHERE DID (1 etc.) INJURY OCCUR?		YES ND
OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH	NDITIONS CON- UT NOT RELATED ION CAUSING IT.  19B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g.,   about home, farm, factory, street, office bidg.,	In or 21C. WHERE DID (1) otc.) INJURY OCCUR?		YES ND
OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION  10 OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION  10 OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION  10 OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION  21A. ACCIDENT WAS UNDEFFURING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (You of INJURY)	NDITIONS CON- UT NOT RELATED ION CAUSING IT.  19B. MAJOR FINDINGS OF OPER 2. 21B. PLACE OF INJURY (e. g., l. about home, farm, factory, street, office bidg., ear) (Hour)  21E. INJURY OCCURR MHILE AT WORK AT WORK AT WORK	In or 21c. WHERE DID (1 obc.) INJURY OCCUR?	OCCUR?	YES ND D
OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OF CONDITION  21A. ACCIDENT WAS UNDEFLYING OF CAUSE OF DEATH  21D. TIME (Month) (Day) (You of Injury)  22. I hereby certify that I	(A) STATING THE DUE TD  LAST. (C)	In or 21c. WHERE DID (1 obc.) INJURY OCCUR?	OCCUR?	YES ND
OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Y. OF INJURY)  22. I hereby certify that I deceased alive on the condition of the contribution of the contribution of the condition	NDITIONS CON- UT NOT RELATED ION CAUSING IT.  19B. MAJOR FINDINGS OF OPER 2 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg., ear) (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  attended the deceased from 3, 195 and that death occur.	in or 21c. WHERE DID (1 otc.) INJURY OCCUR?  RED 21f. HOW DID INJURY  3,195,40  red at	occuri	YES ND D  ty, give exact location)  95 Pthat I last saw th
OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION  21A. ACCIDENT WAS UNDEFLYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (You of Injury)  22. I hereby certify that I	NDITIONS CON- UT NOT RELATED ION CAUSING IT.  19B. MAJOR FINDINGS OF OPER 2 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg., ear) (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  attended the deceased from 3, 195 and that death occur.	In or 21c. WHERE DID (1 otc.) INJURY OCCUR?	occuri	yes ND D ty, give exact location)  95.9that I last saw the the date stated above
RISE TO THE ABOVE CAUSE UNDERLYING CONDITION  OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, B TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Y. OF INJURY)  22. I hereby certify that I deceased alive on the cause of the cause o	NDITIONS CON- UT NOT RELATED ION CAUSING IT.  19B. MAJOR FINDINGS OF OPER 2 21B. PLACE OF INJURY (e.g., labout home, farm, factory, street, office bidg., ear) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK attended the deceased from 195 and that death occur.	in or 21c. WHERE DID (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	occuri	yes ND D ty, give exact location)  95, that I last saw the the date stated above 123c ATE SIGNET
OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION  11  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION  12  13  14  15  OTHER SIGNIFICANT CONTRIBUTING TO THE DISEASE OR CONDITION  19  19  21  21  21  21  21  21  21  21	NDITIONS CON- UT NOT RELATED ION CAUSING IT.  198. MAJOR FINDINGS OF OPER 218. PLACE OF INJURY (e. g., l. about home, farm, factory, street, office bidg., while at work attended the deceased from while at work attended the deceased from 19.5 f. and that death occur  NOT WHILE MORK  24C. NAME OF CEMETE	In or 21C. WHERE DID (10 occ.) INJURY OCCUR?  RED 21F. HOW DID INJURY  The 3, 195, 40  The at	coccur?  Cug & C, 1  the dauses and of  The dauses are cocation (City, to	yes ND D ty, give exact location)  95, that I last saw the the date stated above 123c ATE SIGNET
RISE TO THE ABOVE CAUSE UNDERLYING CONDITION  OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, B TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Y. OF INJURY)  22. I hereby certify that I deceased alive on the contribution of the contribut	NDITIONS CON- UT NOT RELATED ION CAUSING IT.  19B. MAJOR FINDINGS OF OPER 2 21B. PLACE OF INJURY (e.g., 1 about home, farm, factory, street, office bidg., ear) (Hour)  21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  attended the deceased from 195 and that death occur.	In or 21C. WHERE DID (10 occ.) INJURY OCCUR?  RED 21F. HOW DID INJURY  The 3, 195, 40  The at	ing 8th, 1 he dauses and o	yes ND D ty, give exact location)  95, that I last saw the the date stated above 123c ATE SIGNET

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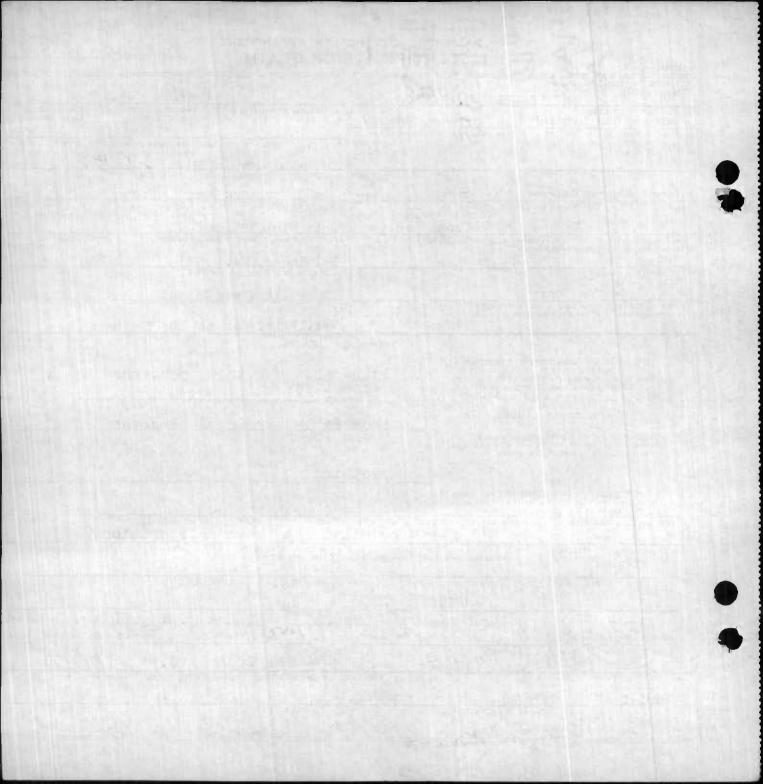
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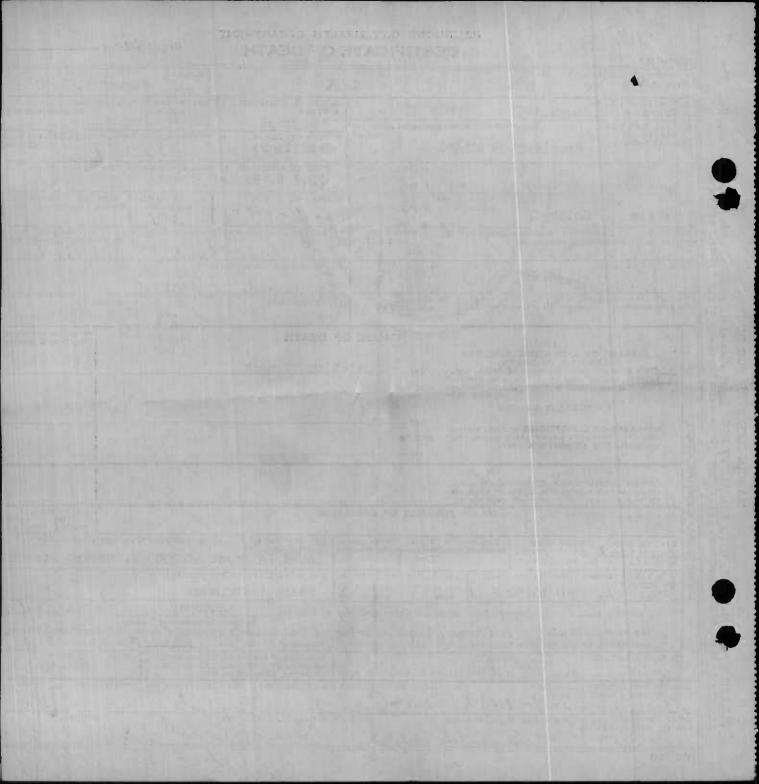
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BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

50 6908 Registered No.

	50	6908		CERTIFICATI		-	egistered No.	0508	
1.	NAME OF D ype or Print)		T T AND O	C TANTO C		2. DAT			
A. B.	FULL NAME	EATH: City, Maryland	808 Nort	ZENTZ  chern Pkwy  ion, give street address or	4. USUAL RESIDER A. STATE Md.	В. (	ased lived. If inst COUNTY	itution: residence before admission)	
	STITUTION			location)	c. CITY OR TOWN	•e	27-4	township)	
c.	Length of s	tay in Baltimore	70 Yea	Yrs. Mos. Days	D. STREET ADDRES		location)		
5.	SEX P	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	last l	oirthday) Months	Days Hours Min.	
		CUPATION (Give kind of working life, even if retired		O OF BUSINESS OR INDUSTRY	Baltimore.	ate or foreign cou	ntry) 12.	CITIZEN OF WHAT COUNTRY?	
13	FATHER'S	eorge Henry	1 110 -	-0110	14. MOTHER'S MAI		Mala		
	. WAS DECEASE	ED EVER IN U. S. ARM! (If yes, give war or da		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Eliz.		ADDF		
	18. / 5	7× ,		CAUSE	OF DEATH	Golden Sc	o worther	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO							?	
RTIFICATION	RISE TO T	ANTECEDENT CAL S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION	IF ANY, GIVII	ng an	erable card d liver	inoma pa	ncreas	?	
IFIC		n		(c) Not	hing				
CERT	TRIBUTIN	SIGNIFICANT CONIG TO THE DEATH, BU	T NOT RELAT	LD .					
J	19A. DATE C	F OPERATION O	19B. MAJOR	FINDINGS OF OPER		VII.O. 20.0 0.	onet ton	20. AUTOPSY?	
EDICA		ONE ENT, SUICIDE, (Specify)		X-ray revea.  ACE OF INJURY (e.g., inform, factory, atreet, office bldg., e		D (If in Balt	imore City, give		
M	21D. TIME OF INJURY	(Month) (Day) (Yea		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCCUP	?		
	22. I hereby certify that I attended the deceased from May 19, 1950 to Aug. 7, 150, that I last saw the deceased alive of Aug. 7, 1950, and that death occurred at 100 m, from the causes and on the date stated above								
	23A. SIGNA	alle	Dul	M. D.	2220 Garri		1.	8/9/50 (State)	
TIC	Burial Burial	8/10/	/50	Lorraine	Cem.	Baltimo	re Md.		
	9 - 1950		SIGNATU	JRE	Wm. J. Ticku	es " Sous .	1	obress Ms Md	
	VC 1EO		1 Port Call	ALLE ALLES				. /	





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50	6910
BIRTH NO.	1 7

### BALTIMORE CITY HEALTH DEPARTMENT

Registered No	6910
	- 12 - 27

The	BI	IRTH NO.	E OF DEATH
H		NAME OF DECEASED	2. DATE
ed.	(1	Samuel Jackson	DEATH August 7, 1950
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
ns /	H	FULL NAME OF (If not in bospital or institution, give street address or OSPITAL OR location)	Maryland  c. CITY OR TOWN (If outside corporate limits, write RURAL and give
A STEEL	IN	St. Joseph's Hospital	Baltimore 12-05 township)
gion	N	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
2	-	Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	1702 Brentwood Avenue   8. DATE OF BIRTH   9. AGE (In years)
should early and		Male Colored WIDOWED, DIVORCED (Specify) Married	1-14-1891 last birthday) Months Days Hours Min.
hou		A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
information shous of death clearly	worl	k done during most of working life, even if retired) INDUSTRY  Laborer	Virginia WHAT COUNTRY?
atic	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
des		Thomas Kallson	Sina !
info	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  16. SOCIAL  16. SOCIAL  16. SECURITY NO.	17. INFORMANT ADDRESS
of			george Tatterson on a Donogh
cal		18. / 6 3 X CAUSE	OF DEATH
ite		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 8 / 5/
Every ite		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Il freshow and a lance
Ever		injury or complication which caused death.) DUE TO	0 0 411
	7	ANTECEDENT CAUSES	t-deacher he amondeda
INK.	TIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	The state of the s
N.G.	LY:	UNDERLYING CONDITION LAST.	
DIT	F	(c) / fix	Grance - 17. Marc
FA	RT	OTHER SIGNIFICANT CONDITIONS CON-	
UNFADING Physicians:	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
WITH rtant.	U	Aug. 4. 1950   Carcinoma lung	
LY, WITH important.	EDI	HOMICIDE (Specify) about home, farm, factory, street, office bldge	INJURY OCCUR?
in er	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
Transfer of the second		m. WHILE AT NOT WHILE	
PI ecia		22. I hereby certify that I attended the deceased from	7/13/ , 1950, to 8/7/ , 1950, that I last saw the
esp			red at 3:15P.M. from the causes and on the date stated above.
E. S.		12/2/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	3B. ADDRESS 23c. DATE SIGNED
I M	2	4A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETE	THOU N. Caroline Street 0/7/50  RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEASE W	TH	ON-REMOVAL (Specify)	lorgery Den A & Co. Ind.
LE/	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
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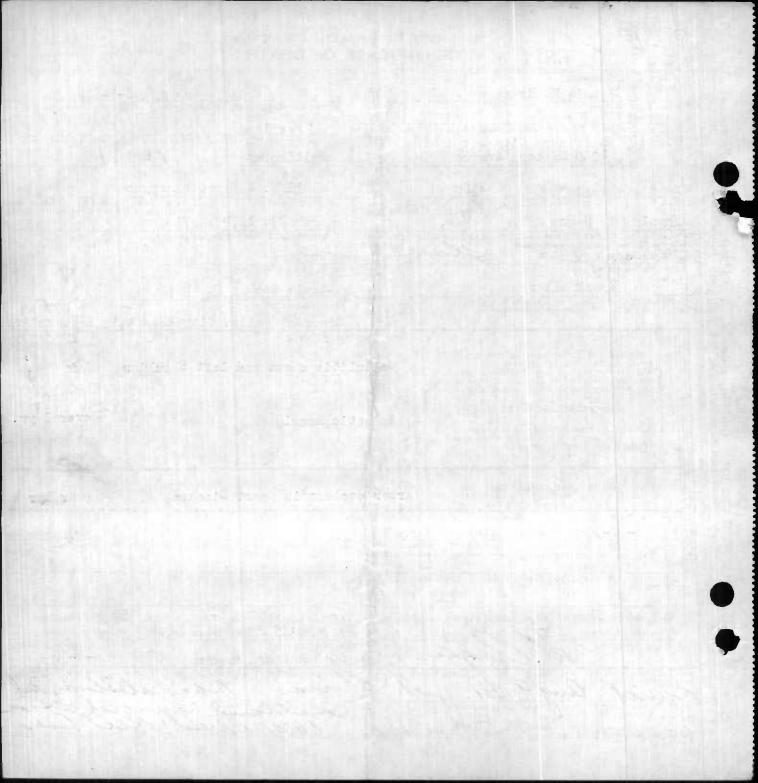
LOCAL REGISTRAR

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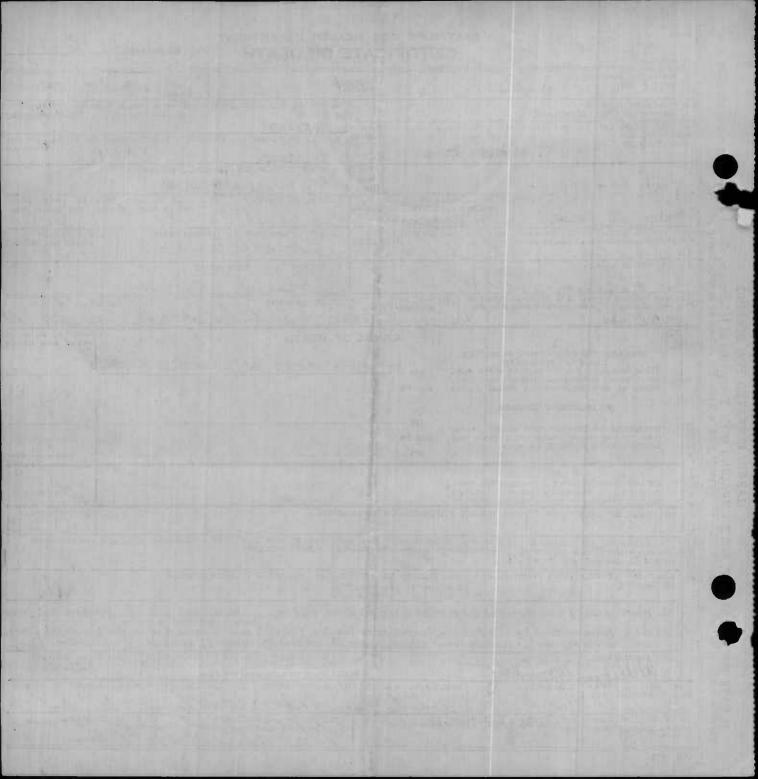
RGIN RESERVED FOR BINDING. ADING INK. Every item of information should and legiony.	1.	NAME OF Divpe or Print)	50 6911 ECEASED Jennie M. Bra		CERTIFIC	Registered No.			
	А.	PLACE OF DI Baltimore C	EATH: lity, Maryland OF (If not in hospits	al or institut	tion, give street add	4. USUAL RESIDENCE (V A. STATE Maryland	Where deceased lived. B. COUNTY	If institution: residence before admission)	
		OSPITAL OR ISTITUTION	Baltimore Ci 4940 Eastern	ty Hos	pitals lo	Baltimore  D. STREET ADDRESS (If	16-	nits, write RURAL and give township)	
	C.	Length of st	ay in Baltimore	Lif	e	Yrs. Mos. Days	1011 W. Lafay		
		Female	6.COLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED ( id.	Specify)	8. DATE OF BIRTH March 29, 1879	71	If Under I Year   If Under 24 Hours   Months Days   Hours Min.
	work	work done daring most of working life, even if retired)			OB. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or for Maryland		12. CITIZEN OF WHAT COUNTRY?
	13	FATHER'S N	Frank Waters				14. MOTHER'S MAIDEN NAME Lizzie Cook		
	15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY	17. INFORMANT ADDRESS 4940 Records* Balto. City Hospitals Eastern			
	CATION	heart failur injury or  DISEASES RISE TO TI	E OR CONDITION I LEADING TO DEAT not mean the mode o. re, asthenia, etc. It mean complication which complication which complication which complication which complication which complication is a complication which complication is a complication which complication is a complication with the complication in the complication is a complication which complication is a complication of the complication in the complication is a complication of the complication in the complication is a complication of the complication in the complication is a complication of the complication in the complication is a complication of the complication in the complication is a complication of the complication in the complication is a complication of the complication in the complication is a complication of the complication of the complication is a complication of the complication of the complication is a complication of the	'H f dying, e. s ns the diseas aused death ES FANY, GIVIN STATING TI	DUE TO		litis chest and l	eft Shoulder	onset and death  lwk  over 1 yr.
MARGIN UNFADINC Physicians:	CERTIFIC	TRIBUTING	II IGNIFICANT CONDITION TO THE DEATH, BUT IN SEASE OR CONDITION	NOT RELATE	ED Arte	rios	sclerotic Heart D	isease	over lyr
	AL		F OPERATION 19		rindings of nal Marrow				20. AUTOPSY?
LY, WITH important.	IEDICA	21A. ACCID	ENT WAS UNDER.	218. PL	ACE OF INJURY farm, factory, street, offi	(e. g., in	or 21c. WHERE DID (	If in Baltimore City	, give exact location)
	2	21D. TIME ( OF INJURY	Month) (Day) (Year)		21E. INJURY OC WHILE AT NOT WORK AT	WHILE WORK			
Is especi		22. I hereby certify that I attended the deceased from 7-14, 1950, to 8-7, 1950, that I last saw the deceased alive on 1950, and that death occurred at 8:25 m, from the causes and on the date stated above 23A. SIGNATURE						the date stated above	
EASE W		AA. BURIAL, CON REMOVAL (S)	aug. 9	1951	M. 24C. NAME OF CE		4940 Eastern Ave	OGATION (City, tow	(n. or county) (State)

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9. AGE (in years | If Under I Year | If Under 24 Hours | Nonths Days | Hours Min. eign country) 12. CITIZEN OF WHAT COUNTRY? ME ADDRESS 4940 ity Hospitals Eastern Ave INTERVAL BETWEEN ONSET AND OEATH ft Shoulder Lwk over 1 yr. over lyr sease 20. AUTOPSY YEST NO in Baltimore City, give exact location) OCCUR? , 1950, that I last saw the e causes and on the date stated above. 23c. DATE SIGNED



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	50 691	. )	CERTIFI				Registered	No. 69	100
-	NAME OF DECEASE						0.0.00		
(T	ype or Print)	JESSIE		BERRY			OF Aug	ust 7, 1	950
A. B.	PLACE OF DEATH: Baltimore City, Ma		institution, give street ac	A	. USUAL RESI	DENCE (Wh	ere deceased lived. B. COUNTY		residence re admission)
	SPITAL OR STITUTION			Al \	CITY OR TOW		utside corporate lin	oits, write RU	RAL and give township
c.	Length of stay in B	Saltimore		Yrs. D Mos. Days	870 W. F.		street		
ļ			SINGLE, MARRIED,	8.	DATE OF BIR		9. AGE (In years last birthday)	If Under 1 Year Ionths Days	M Under 24 Hours Hours Min.
work	A. USUAL SCCUPATION doubturing post of working life	N (Give kind of 10 c, even if retired)	B. KIND OF BUSINESS	S OR 11	BIRTHPLACE	(State or for	//	12. CITIZE WHAT	OUNTRY
13	Ola Janu	i Be	erry	14	MOTHER'S M	AIDEN NAM	Morris		
15 (Yes	. WAS DECRASED EVER I	N U. S. ARMED FO	RCEST 16. SOCIAL SECURITY	Y NO.	INFORMANT	le Bu		ADDRESS .	870
ERTIFICATION	(This does not mee heart failure, asther injury or complica ANTECE DISEASES OR COLRISE TO THE ABOV. UNDERLYING CO	IG TO DEATH n the mode of dia, etc. It means to tion which cause DENT CAUSES NDITIONS, IF AN E CAUSE (A) STA NDITION LAST.	rectly ring, e. g., the disease, and death.)  Due to  (B)  (B)  (C)		clerotic o	00*************************************	scular dis	ease	AND DEATH
CERT	OTHER SIGNIFIC TRIBUTING TO THE TO THE DISEASE O	OEATH, BUT NOT R CONDITION CA	RELATED	OBERATI	ON				UTOPSY?
L	19a. DATE OF OPERA	198.	MAJOR FINDINGS OF	OFERATI	ON			YES	No X
EDICA	21A. EXTERNAL CAU UNDERLYING [] OR UTING [] CAUSE (	CONTRIB- ab	1B. PLACE OF INJURY out home, farm, factory, street, of	(e. g., in or fice bldg.,etc.)	21c. WHERE INJURY OCC		in Baltimore City,	give exact le	ocation)
Σ	21D. TIME (Month) OF INJURY	(Day) (Year) (Ho	WHILE AT NO	CCURRED OT WHILE	21f. HOW DI	אטעאו ס	OCCUR?		
			of the remains desc				spection or Inquiry	7_	and from
	and death in n	ny opinion res	d Autopsy, Inspecti ulted from: <u>natural</u>	causes [A	, accident	, suicide [	], homicide [],	undetermin	red □.
24	William CREMA-)	AB, DATE	24c, NAME of C	M.D.	ASSISTANT N	VESTIGATO	AMINER	8-7-	
TIC	ON, REMOVAL (Specify)	Pug. 11, 19,	50 arbutus	Tuen	. Ofe	Ba	Climine	Cv. To	w.
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v:	3 151		9	204	0			925	V



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Maurica EROMAN OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION HOS PITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE AGE (In years last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State of foreign country) work done during most of working life, even if retired) INDUSTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH unkroun-(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ucin anetmi for bladder UNDERLYING CONDITION LAST. (C) ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED an as area Ü TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 2 B. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) No 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY No 8 aug 1950 to . 19 50 that I last saw the 22. I hereby certify that I attended the deceased from. . 19 50, and that death occurred at 2:580 m. from the causes and on the date stated above deceased alive on & Aus 23A. SIGNATURE 23B. ADDRESS Johen 24A. BURIAL, CREMA-248. PATE 246 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) TION REMOVAL (Specify correct DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR

ADDRESS

6913

before admission)

12. CITIZEN OF

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

& due !

If Under 1 Year

ADDRESS

6 Transcripto

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	En	6914	BALT	TIMORE CITY H	EALTH DEPARTMENT	X 54	6914	
	0	CERTIFICATE OF DEATH						
	IRTH NO.  NAME OF DECEASED  12 DATE							
	Type or Print) Florence N. Wehnenbeng					OF DEATH	7, 1950	
	B. PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (W.	here deceased lived. If B. COUNTY	institution: residence before admission)	
	S. FULL NAME OF (If not in hospital or institution, give street address or location)  Anion Memorial Hospital  Yrs.  Mos. Days				///d.	/3	alto, County	
					c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
·					Reistentown 5300			
					D. STREET ADDRESS (If rural, give location)			
2					625 Main St.			
2	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				8. DATE OF BIRTH 9. AGE (In years II Under 1 Year II Under 24 Hours last birthday) Months: Days Hours: Min.			
2	F	w		W	Jept. 11, 1884	66		
	OA. USUAL OCCUPATION (Give kind of rk doue during most of working life, even if retired) INDUSTRY			11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF		
27.	INDUSTRY				Bultimo	AC	WHAT COUNTRY?	
	3. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
E CO	Chanles Rent				albenta	Pier	Post	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL			17. INFORMANT		DDRESS PART		
2	Kes, no or nnknown Un Anown	(If yes, give war or da	tes of service)	SECURITY NO.	mas 9 : 17 R	1 1 = - 700	· Operation	
Caus							INTERVAL BETWEEN	
- 11	ONSET						ONSET AND DEATH	
rue	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
3	heart fail	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.						
I AL	injury or complication which caused death.) DUE TO							
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Cars Para	DISEASES OR CONDITIONS, IF ANY, GIVING							
ă   F	RISE TO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
2 6	UNDERETING CONDITION EAST.							
Fig	(c)							
	OTHER	OTHER SIGNIFICANT CONDITIONS CON-						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						believel	3 days	
	19A. DATE	OF OPERATION	19B. MAJOR		RATION		20. AUTOPSY?	
II.							YES NO	
Jor Lane.	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE) (If in Baltimore City, give exact location in HOMICIDE) (If in HOMICI						give exact location)	
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270	22. I hereby certify that I attended the deceased from Quy 4, 1950, to Aug 7, 1950, that I last saw the							
espe	deceased alive on 2 no 7, 1950, and that death occurred at 11:20 m., from the causes and on the date stated above.							
14	deceased alive on 2 , 1950, and that death occurred at 11:20 m., from the causes and on the date stated above.  23A. SIFNATURE 23C. DATE SIGNED							
22	Blied S. Nelson M.D. Baltimore 18. Maryland Aug 7, 1950							
							on codyty) (State)	
	TION WEMOVAL	Specify)	1086	Druid) &	idal Gifel	mille Mu	2	
	DATE RECEIVE	ED BY RESISTRA	R'S SIGNATUE	RE (C)	5. FUNERAL DIRECTOR	1	ADDRESS	
2	LOCAL REGIS	TRAR		liance, Mill	Frank De	1500891	HIW De	
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

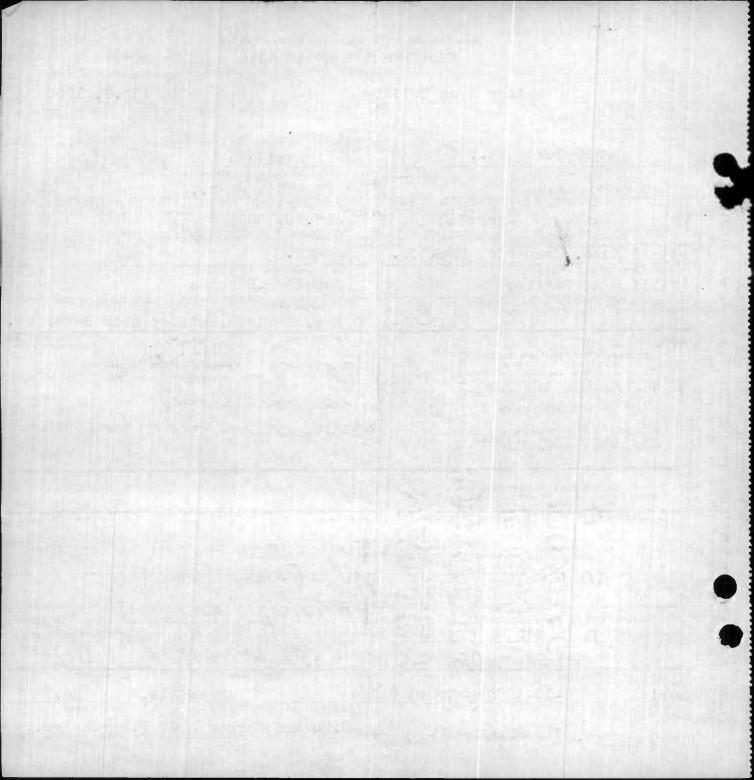
50 6915
Registered No.

BIRTH NO.	L OI DEATH
(Type or Print) WILLIS GIBSON	2. DATE. OF 71 Q 10.50
3. PLACE OF DEATH:	DEATH HV9 7, 1930
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION JOHNS HOPKINS HOSPITAL	C. CITT OR TOWN (II outside corporate limits, write RURAL and give
45	DHLITPIOKE
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	1832 HSHLAND HVE   8. DATE OF BIRTH   9. AGE (In years)     Under   Year
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   I Under I Year   If Under 24 Hours   Months Days   Hours Min.
10A. USUAL OCCUPATION (Givehind of 10B. KIND OF BUSINESS OR	11, BIRTHPLACE (State or foreign country)   12 CITIZEN OF
work done during most of wrking life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13 FATHER'S NAME	N L uxa
S J. AMA MANA	14. NOTHER'S MAIDEN NAME
-anoma - woon	Leorgia (um Hell /
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANTONIS HOURING HOLDERS
2/3-09-08	17. INFORMANTOHIS HOPKINS HOSPITAL
18. 443 X 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Realing TO DEATH	
(This does not mean the mode of dying, e.g., (A)	chopreumonia Edays
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z (B) AQUI	& nu lmonary ed ema 3 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ne de la como de la co
UNDERLYING CONDITION LAST.	E pulmonary Edems 3 days Extensis Cardio Variato dian
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in	n or   21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	stc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	T
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	8-4 , 1950, to 8-9 , 1950, that I last saw the
deceased alive on 8-9, 1950 and that death occur	
231. SIGNATURE 2	3B. ADDRESS 23C. DATE SIGNED
# / dangton M.D.	THE HOPKINS HOSPITZI
24A. BURIAL. CREMA- 24B. DA 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial (Mg/1/200 Winner	varo X,C,
DATE RECEIVED BY REPOST TO SALLATURE	
	25. FUNERAL DIRECTOR ADDRESS
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VS 150	Williams 1515M& Eldowy

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	MARGIN RESERVED FOR BINDING	PLEASE WRI PLA IY, WITH UNFADING INK. Every item of information should IN Ily supplied. The	ins: please write the causes of death clearly and in
	MARGI	UNFADII	Physician
		Y, WITH	v Important.
-		PLA	especially
		VR	S
		H	age
		PLEAS	correct

	EALTH DEPARTMENT	50 C	
1. NAME OF DECEASED		2. DATE	
(Type or Print) Walter Ryan Twilley		DEATH Aug.	
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	nstitution : residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR		outside corporate limits,	
institution 2819 Baker St.,	Baltimore	butside corporate imits,	township
45 Yrs.	D. STREET ADDRESS (If r	ural, give location)	10
c. Length of stay in Baltimore  Mos. Days	2819 Baker St		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify Married	Jan. 26, 1886	9. AGE (In years last birthday) Mon	the Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of the property of the proper	11. BIRTHPLACE (State or for Md.	reign country)	2. CITIZEN OF WHAT COUNTRY
William A. Twilley	14. MOTHER'S MAIDEN NA Sophia E. Higgi		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 213-05-4230	17. INFORMANT Mrs. Mamie S. I		DRESS Baker St.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH. BUT NOT RELATED	terio oclar	nis a bondu	me la ye
O TO THE DISEASE OR CONDITION CAUSING IT.			
194. DATE OF OPERATION 0 198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If	in Baltimore City, gi	ve exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	RED 21F. HOW DID INJURY	OCCUR?	
m. WHILE AT NOT WHILE AT WORK AT WORK			
deceased alive on 2009 6, 1950, and that death occu	tred at 5 Am., from th		that I last saw the date stated above
23A. SIGNATURE PINSEPPYULY M.D.	3833 WXENT	A	23c PATE SIGNED
24A. BURHAL, CREMA- 24B. DATE TION, REMOVAL (Specify)		OCATION (City, town, o	or county) (State)
Burial   8-10-1950   Druid Ridge	Pike	esville,	Md.
LOCAL REGISTRAR	G. Howard Strong		
AUG v9 15 1950	83	5 5501 118110	94a



BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

C. CITY OR TOWN

location

Yrs.

Mos.

Days

INDUSTR

Registered No. 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived) before admission) (If outside corporate limits, write RURAL and give

last birthday) Months Days Hours Min.

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

D. STREET ADDRESS (If rural, give location) If Under 1 Year 8. DATE AGE (in year)

ACE (State or foreign country) 12. CITIZEN OF

MAIDEN NAME ADDRESS

CAUSE OF DEATH

DUE TO

DUE TO

16. SOCIAL

SECURITY NO.

19B. MAJOR FINDINGS OF OPERATION

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21E. INJURY OCCURRED NOT.WHILE WHILE AT

WORK

the cartificial and property

Fell d

21F. HOW DID INJURY OCCUR? our 2 hd . 1950 that I last saw the

1956, and that death occurred at 10.25 n., from the causes and on the date stated above, 23B. ADDRESS 23c. DATE SIGNED

6 24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. FUNERAL DIRECTOR

ADDRESS

Time to for Holling wife Man

NOT A MEDICAL EXAMINER'S CASE Hauley & Deulader Dr. Single 506 E. Woult the 4 Transcripts I spoke to Dr Singer. He stated the moman fell down a few steps at home one week before death. Death was not due to the fall SHDurlachen. 130 7730

50 6918 Registered No. DEATH August B. COUNTY before admission) (If outside corporate limits, write RURAL and give 9. AGE (In years) If Under I Year last birthday) Months: Days Hours: Min. 12. CITIZEN OF UWHAT COUNTRY Annie Dare Poulson 1439 Mountmor Ct. INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY YES X

thereon and from

(If in Baltimore City, give exact location)

Md.

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 238, CHIEF MEDICAL EXAMINER .....

ASSISTANT MEDICAL EXAMINER August 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county)

DATE RECEIVED BY 25. FUNERAL DIRECTOR AUGA GREGISTOR Geo. G. Kelson 1303 Presstman St.

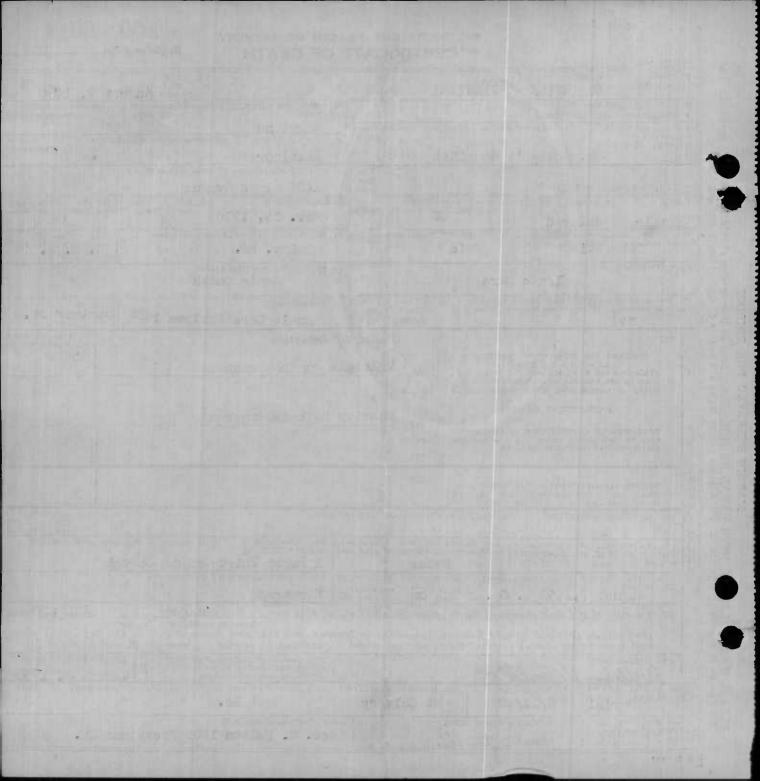
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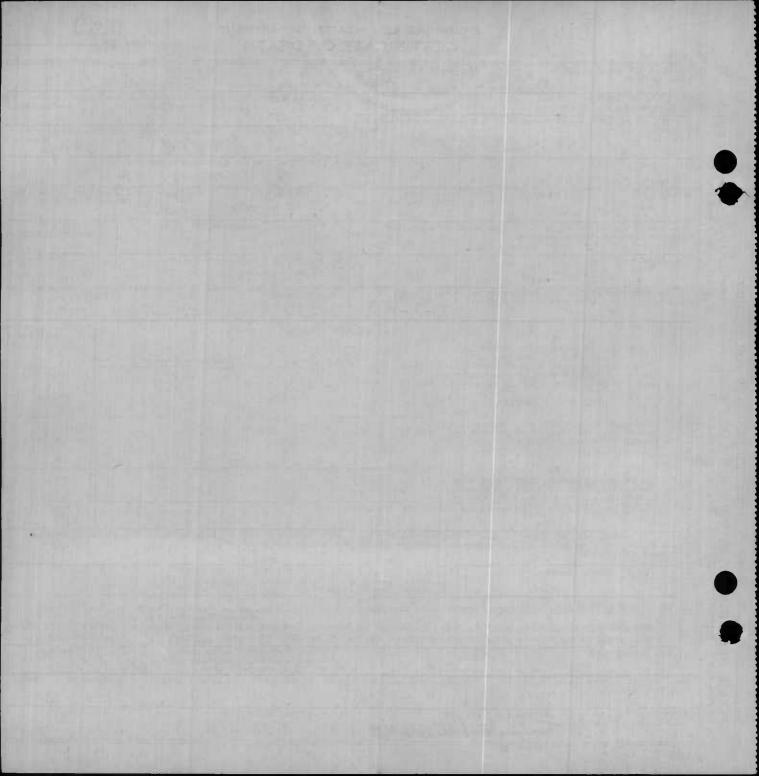


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## BALTIMORE CITY HEALTH DEPARTMENT

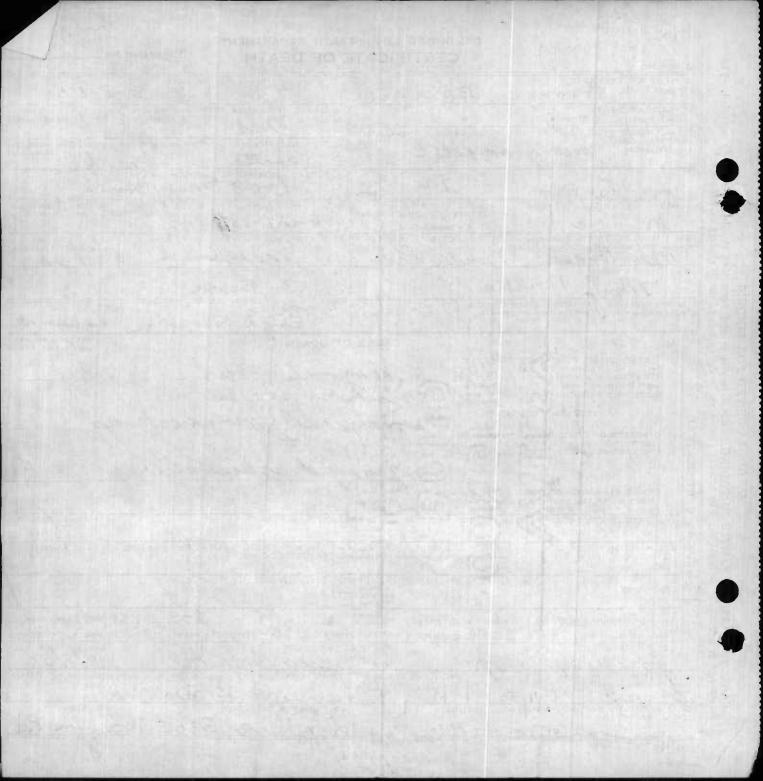
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BIRTH NO.		CERTIFICATI	E OF DEATH		
1. NAME OF DECEASED (Type or Print)	D Ho	USTON Far.	SINS	2. DATE OF DEATH	18/50
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hos HOSPITAL OR INSTITUTION)  C. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE  10A. USUAL OCCUPATION (Giveking Work done during most of working life, even if retired to the stay of the sta	7. SINGL WIDOV	Yrs. Mos. Days  E. MARRIED. VED, DIVORCED (Specify)	c. CITY OR TOWN  D. STREET ADDRESS  2 0  8. DATE OF BIRTH  Pob. 1, 1907  11. BIRTHPLACE (State of	B. COUNTY  (If outside corporate lim  (If rural, give location)  (If rural, give location)  9. AGE (In years last bigthday)	If institution: residence before admission)  its, write RURAL and give fownship  If Under I Year Months: Days Hours Min.  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	73.	Transfer Co.	14. MOTHER'S MAIDEN	NAME	1
15. WAS DECEASED EVER IN U. S. ARM (Yee, no or unknown) (If yes, give war or d	MED FORCES? ates of service;	16. SOCIAL SECURITY NO.	17. INFORMANT	720 iii	ADDRESS
DISEASE OR CONDITION LEADING TO DE (This does not mean the mod heart failure, asthenia, etc. It is injury or complication which antecedent carried the complex of the above cause (UNDERLYING CONDITION OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTTER TO THE SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTTER SIGNIFICANT CONTRIBUTION TO THE DEATH, BUTTER SIGNIFICANT CONTRIBUTING TO THE DEATH, BUTTER SIGNIFICANT CONTRIBUTION TO THE DEATH SIGNIFICANT CONTRIBUTION TO THE SIGNIFICANT CONTRIBUTION TO THE SIGNIFICANT CONTRIBUTIO	EATH e of dying, e. neans the disea caused deat  USES  i. IF ANY, GIVI A) STATING T LAST.  IDITIONS CO UT NOT RELAT	g., (A)	of DEATH	nonhoye	INTERVAL BETWEEN ONSET AND DEATH
TO THE DISEASE OR CONDITION  19A. DATE OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.  21b. Time (Month) (Day) (Yes OF INJURY)	ar) (Hour)	ACE OF INJURY (e.g., i farm, factory, street, office bidg., c	otc.) INJURY OCCUR?	(If in Baltimore City,	1
DATE RECEIVED BY   REGISTRA	arge of the by said Aut	remains described of opsy, Inspection or I from: natural causes A A A A A A A A A A A A A A A A A A	Autops Inquiry, find that said  S, accident, suicident  ASSISTANT MEDICAL  D. MEDICAL INVESTIGEN  RY OR CREMATORY 24D	de, homicide, L EXAMINER	the day stated above, undetermined  33C. DATE SIGNED
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	E OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) George Beinke		DATE OF 8-8-50
a. Baltimore City, Maryland  b. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE Ond.	deceased lived. If institution: residence  B. COUNTY before admission
HOSPITAL OR INSTITUTION Mercy Ampital location		de corporate limits, write RURAL and g townsh
c. Length of stay in Baltimore 72 Yrs.  Bays		esy Que
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify Wineself)		AGE (In years   ff Under 1 Year   ff Under 24 Hours   M 72
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR work done during most of yorking life, even if retired)  Dendit Cadio	11. BIRTHPLACE (State or foreign	WHAT COUNTS
13. FATHER'S NAME Beinke	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED FOR IN U. S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Eliz. Bei uKe	ADDRESS Wife & about
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	using rouses:  ysems + bronch  lyid arterisi	Prista sis
TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19	RATION	20. AUTOPSY
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK		CUR?
deceased alive on 8-8, 1950, and that death occu		1950, that I last saw auses and on the date stated abo
John J. Spitter , J. M.D.	ERY OR GRENATORY 2 D. LOCAT	2/8/8/50
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25 FUNERAS DIRECTOR	ADDRESS ADDRESS ROS Hand Ro
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If Institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION STITZON SHINGH SHEEL township) Mt. Wilson Sanatorium Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours 9. AGE (in years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Divorced 10A. USUAL OCCUPATION (Givekindof) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Wilson Sanatoria Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Smith Lines Stevens 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO JOHAS HAPKING HASPIT! INTERVAL BETWEEN 18. CAUSE OF DEATH 0.0 ONSET AND OEATH DISEASE OR CONDITION DIRECTLY ANCREATITIS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES GASTRIC ULCER BERIGA NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... RTIFI OTHER SIGNIFICANT CONDITIONS CON-SUB-TOTAL GASTICLE RESECTION ш TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. O 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION DICA GHS TTELL SAEN I GAN 21B. PLACE OF INJURY (e. g., in or | 21c. WHERE DID 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 1920 to-, 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 1950 and that death occurred at 4-25 km., from the causes and on the date stated above. deceased alive on 7 -23 SIGNATURE 23c. DATE SIGNED 23B. ADDRESS STATE MOPETHS MOSPITAL 24A. PURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) לם ניתונול B. Ttimore. הרום לשירו לו Stanialona

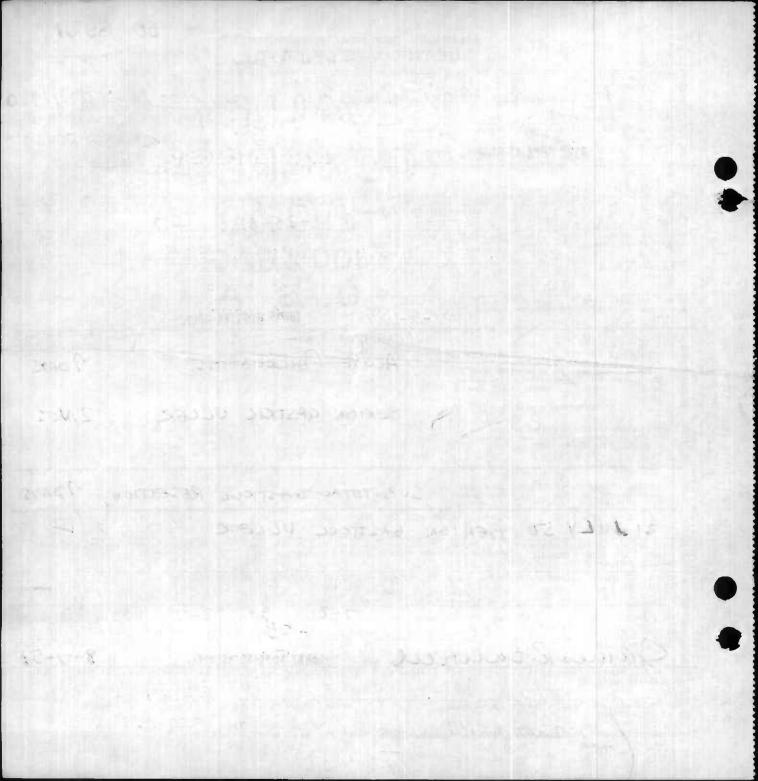
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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## BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	CERTIFICAT	TE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print) Joha	nna F. King		2. DATE. OF 8-8-50 DEATH
3. PLACE OF DEATH: A. Baltimore City, Maryla B. FULL NAME OF (If not i	nd 416 N. Kenwood Avem	A, STATE	here deceased lived. If institution: residence B. COUNTY before admissi
HOSPITAL OR	. Kenwood Avenue	c. CITY OR TOWN (If o	outside corporate limits, write RURAL and g townsh
c. Length of stay in Baltin	nore 45 yrs Mos.	116 N. Kem	wood Avenue
5. SEX 6. COLOR DR	WIDOWED DIVORCED (Specif	9-18-97	9. AGE (in years   ff Under   Year   ff Under 24 h   last birth day)   Months Days   Hours M
10A. USUAL OCCUPATION (Gi ork done during root of working if even HOUSEWITE	vekind of if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for Germany	reign country) 12. CITIZEN OF WHEN ACOUNTS
13. FATHER'S NAME Willia	m Goshan	14. MOTHER'S MAIDEN NA Unknown	ME
15. WAS DECEASED EVER IN U. S Yes, no or nnknown) (If yes, give wa	. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Thomas King 4	16 N. Kenwood Avenue
DISEASES OR CONDITION OF THE ABOVE CAU UNDERLYING CONDITION OTHER SIGNIFICANT TRIBUTING TO THE DEATH	ONS, IF ANY, GIVING SE (A) STATING THE DUE TO ON LAST.  (C)  CONDITIONS CON-	glit Bres	I with
19A. DATE OF OPERATION		RATION C	20. AUTOPSY
21a. ACCIDENT WAS UN LYING OR CONTRIBUT CAUSE OF DEATH	DER. 218. PLACE OF NURY (e. g., ING about home, farm, factory, atreet, office bldg	in or 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give exact location)
21D. TIME (Month) (Day) OF INJURY	(Year) (Hour)   21E. INJURY OCCUR WHILE AT NOT WHIL MORK AT WORK	E	OCCUR?
22. I hereby certify the deceased alive on 23A. SIGNATURE	t I attended the deceased from that death occur	, 19., to urred atm., from the 23B. ADDRESS	e causes and on the date stated abo
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	DATE 24C. NAME OF CEMET	PERY OR CREMATORY 24D. LO	CATION (City, town, or county) (State
DATE RECEIVED BY REGISTRAN	Holy Rede	emer Ba 25. FUNERAL DIRECTOR Ba	Inc 403 S. Wolfe Street

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	B. FULL NAME HOSPITAL OR INSTITUTION	OF
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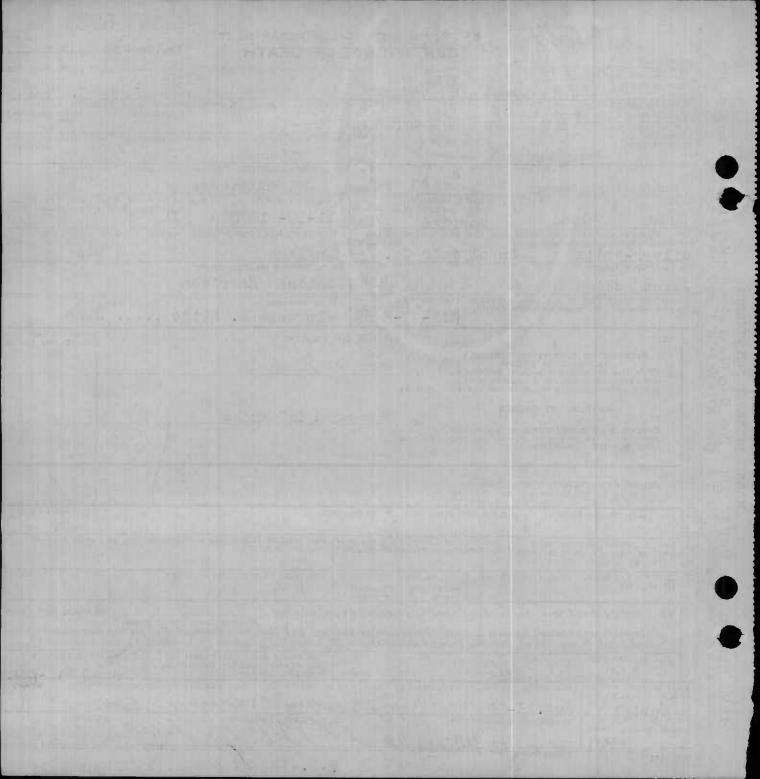
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No-SED 2. DATE OF RTHUR J. SLIDE August 8, DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give ercy Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. VYSDays 3404 Wilkens Avenue n Baltimore OLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 11-13- 1878 married ATION (Givekind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY ing life, even if retired) WHAT COUNTRY? cholfield England 14. MOTHER'S MAIDEN NAME Sabina Harrison ER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS yes, give war or dates of service) SECURITY NO. Florence S. Slide ..... Same INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary thrombosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Myocardial infarction DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 198. MAJOR FINDINGS OF OPERATION U 20. AUTOPSY 19A. DATE OF OPERATION YES LX DICAL 218. PLACE OF INJURY (e.g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) 2 IA. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{B}\), accident \(\mathbb{D}\), suicide \(\mathbb{D}\), homicide \(\mathbb{D}\), undetermined \(\mathbb{D}\). 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.
MEDICAL INVESTIGATOR August 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Aug. 11-50 Maryland Cemeterv Buris' DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

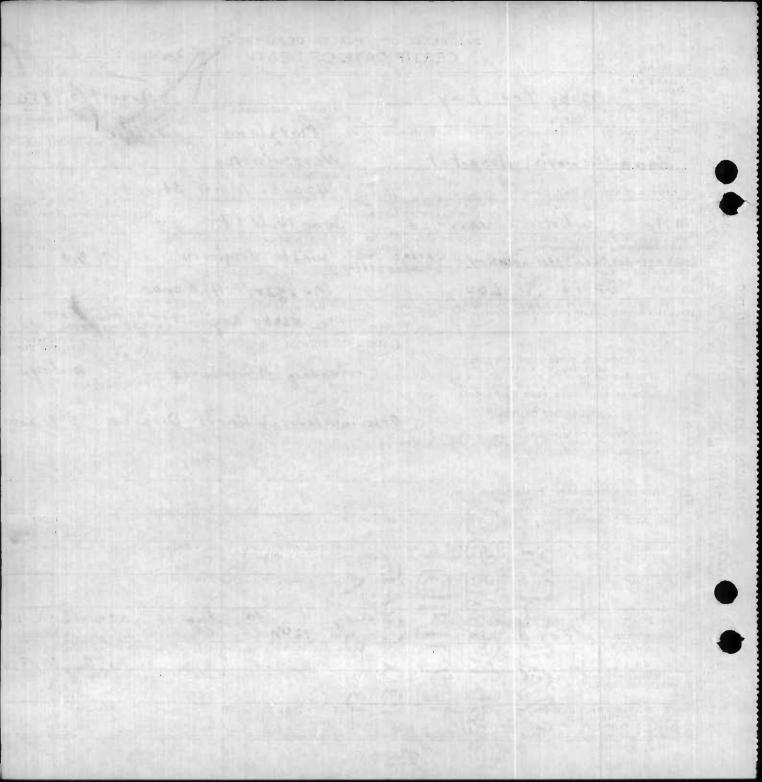
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J. S	BI	( *\ 5 *\ \)	TE OF DEATH Registered No.	0 0324
		NAME OF DECEASED  spe or Print) Ashby Lee Loy	2. DATE OF DEATH AUGUS	+10,1950
lly supplied.	Α.	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY	stitution: residence before admission)
lly su	H	FULL NAME OF (If not in hospital or institution, give street address location)  STITUTION	on) C. CITY OR TOWN (If outside corporate limits,	write RURAL and give
E A	IE	Union Memorial Hospital	west minster  D. STREET ADDRESS (If rural, give location)	
cs leg1	-	Length of stay in Baltimore 10 Da	ys 420 E. Main Street	5641
should early and	1	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Special Control of the control of th	June 16, 1897   last birthday) Month	
on shou clearly	worl	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUST  17240 241 Service State in Albried  27240 241 Service State in Albried	BY was a	2. CITIZEN OF WHAT COUNTRY
G matic eath		David T 104	Margaret A. Geroc	
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E un		18. 420.0 CAUS	E OF DEATH	INTERVAL BETWEEN
T T		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	ormany thrombosis	6 days
02	CATION		rioscleratie Heart Disease	7 4-0-
N RESERVED NG INK. Ever s: please write		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	YIOSCIEVOFIC HCZYI WISCOSE	: Jeas
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MARGÍN F UNFADING Physicians: p	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.		
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LY, WITH	EDIC/	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. about home, farm, factory, street, office bl		
Olivium Chil	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU OF INJURY  m. WHILE AT NOT WH AT WORK	NIE [7]	
PL especia		22. I hereby certify that I attended the deceased from deceased alive on Aug. 9, 1950, and that death of	eurred at 12 Am., from the causes and on the	that I last saw the
		234 SIGNATURE	238. ADDRESS Unin Menoral (Hospital	23c. DATE SIGNED
PLEASE WE correct age is	2.4 TIC	M. D.  BURIAL, CREMA: 24B. DATE  24C. NAME OF CEME  N. REMOVAL (Specify)  Aug. 12-1956  LISTMAN	ETERY OR CREMATORY 24D. LOCATION (City, town, or	
PLEA correc	D	THE RECEIVED BY REGISTRAR'S SIGNATURE		ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASE 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RECIDENCE (Where deceased lived, If institution: rendence A. Baltimore City, Maryland efore admission) A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RUAL and give C. CITY OR TOWN INSTITUTION IDANS HOPKINS HOSPITAL Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. NIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? a nountal orderly 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ymmi 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unkoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or unkoown) SECURITY NO INTER HAPKING MASPITEL 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Gas tro who final hemorrhage Pup hered 550 project vorices LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) . ī RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from Ling. # , 195 do llug. 9, 19 Shat I last saw the deccased alive on luna 7, 19 5 and that death occurred at\_ m., from the causes and on the date stated above. 23A. SIGNATURE 23c DATE SIGNED 238. ADDRESS -0 -5 24A. BURIAL, GREMA-24B DATE 24C NAME OF GEMETERY OR CREMATORY 240 XOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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23c. DATE SIGNED

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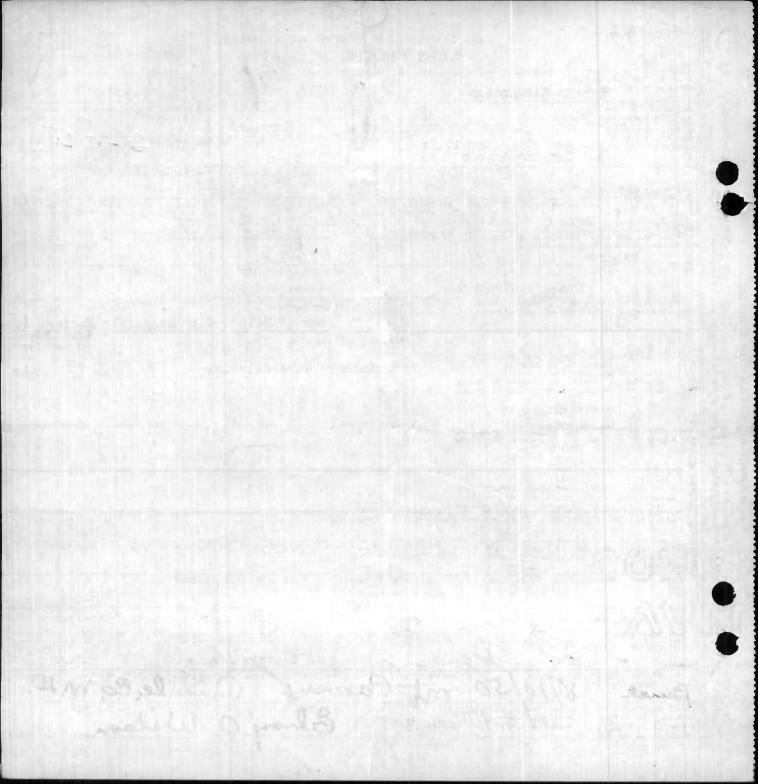
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9 6928 BIRTH NO.	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6928

1 ('	NAME OF D Type or Print)	Melvin Rich	ardson			2. DATE OF DEATH 8-	-5-50	
A	Baltimore C	EATH: City, Maryland		tion, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
H	OSPITAL OR	Baltimore Cit 4940 Eastern	y Hosy	itals location)				
C	. Length of st	tay in Baltimore		Yrs. Mos. Days	b. STREET ADDRESS (I	The second second	)	
5	.sex Male	6.COLOR OR RACE	7. SINGL WIPOV Sing	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 30, 1927	9. AGE (In years last birthday)	if Under I Year Months Day	If Under 24 Hours Hours Min.
WOI	k done during most o	CUPATION (Give kind of of working life, even if retired)	108. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland 14. MOTHER'S MAIDEN N		12. CITI WHA	ZEN OF
		Richard I		son	Lottis Carte			
(Y)	5. WAS DECEASE	D EVER IN U.S. ARMED (If you, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records* Balto.	City Hospi	ADDRESS	4940 stern Ave
ERTIFICATION	(This does heart failur injury or DISEASES RISE TO THE UNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mean complication which complication is considered. If the property of the prope	H f dying, e.; ns the diseas aused deatl ES ANY, GIVII STATING TI ST. FIONS COI	(B)	onary Tuberculosi	s		5 month&
SAL C		F OPERATION 1		FINDINGS OF OPER	ATION		20. YES	AUTOPSY?
IEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, etreet, office bldg.,		(If in Baltimore Cit	y, give exact	location)
Σ	21d. TIME ( OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK NOT WHILE AT WORK		Y OCCUR?		. return
	22. I herchy deceased al 23A. SIGNAT			and that death occur	7-31 ,19 50 to red at 9:10 nP, from 38. ADDRESS 14940 Eastern At	the causes and or	n the date s	last saw the stated above. ATE SIGNED 7-50
TL	4A. BURIAL, C	pecify) 8/10/	50	24C. NAME OF COMETE	lvery 0	OCATION (Cty, to	e n	/ 10. ate)
	ATE RECEIVED OCAL REGISTI UG 1019		SIGNATURE OF THE SECOND	iauc, Marine	Elwy C	wil	ADDRES	ss
	VS 150	24.	1 / g 11 - K)	970	99		13/3	2



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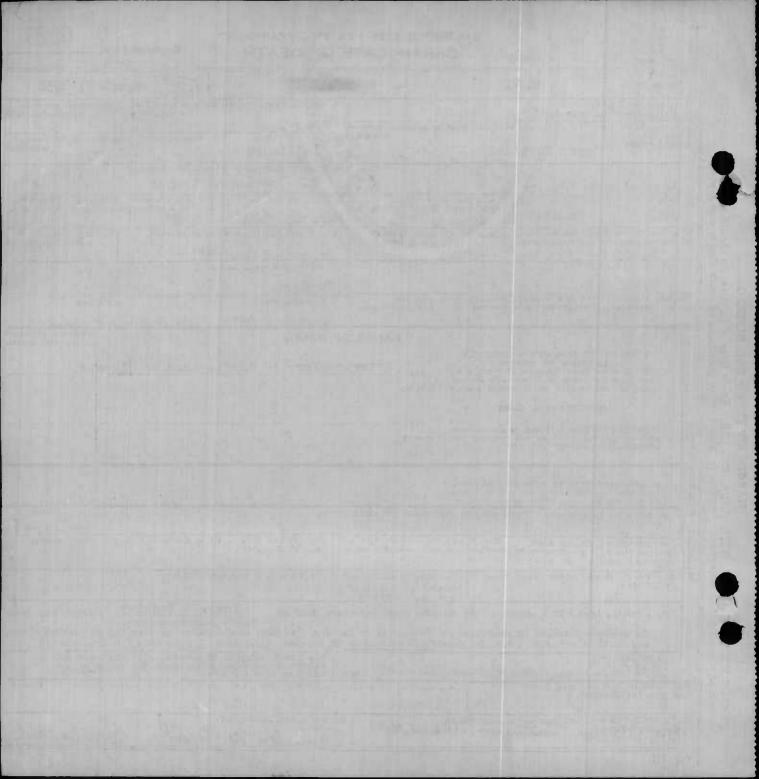
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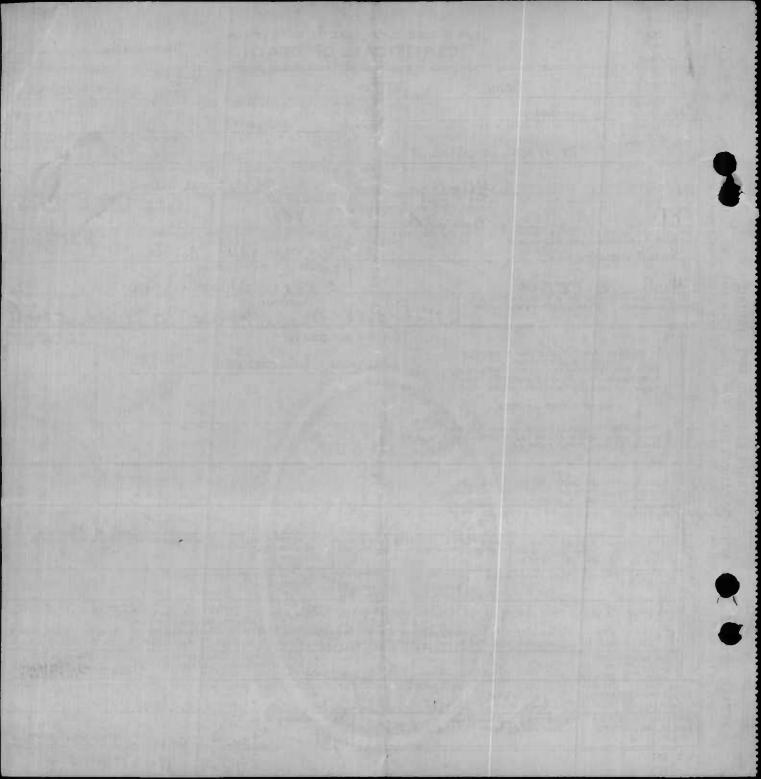
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6929 Registered No.

				MOALS   2. DATE OF August 7, 1950		
3. PLACE OF A. Baltimore B. FULL NAME	City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence  A. STATE  B. COUNTY  before admission)			
HOSPITAL OR	Mercy Hospi	al or institution, give street				
c. Length of	stay in Baltimore		p. STREET ADDRESS (If rural, give location) 902 Greenmount Avenue			
5. sex Male	6.COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCE Widowed	D (Specify)	8. DATE OF BIRTH Mar. 15, 1862	9. AGE (In year last birthday)	Months Days Hours Min.
vork done during mos		108. KIND OF BUSINES	S OR IDUSTRY	Frederick Co.		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S Unkno	own			14. MOTHER'S MAIDE Unknown	NAME	
15. WAS DECEA	SED EVER IN U.S. ARMEI	FORCES? 16. SOCIAL SECURI	TY NO.	17. INFORMANT	1. 1529 <b>S</b> hie	ADDRESS
Z DISEAS: O RISE TO UNDER! UNDER!	Chis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  (B)  (C)  OTHER SIGNIFICANT CONDITIONS CON-					
TO THE	DISEASE OR CONDITION		OF OPERA	TION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) UNING CAUSE OF DEATH.						
Z 21D. TIME						
the enand d	22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER					
24A. BURIAL. TION. REMOVAL	- //		CEMETER	Y OR CREMATORY 24		
DATE RECEIV	ED BY   BEGISTBAR	S SIGNATURE	THE RESERVE OF	25. FUNERAL DIRECT		Soula ned



2000				50 60	930
50 6000			ALTH DEPARTMENT		
BIRTH NO.	C	ERTIFICATE	E OF DEATH	Registered No	
1. NAME OF DECEASED (Type or Print)	FRANK	JONES		2. DATE OF DEATH Augus	t 9, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryla			4. USUAL RESIDENCE (W		stitution : residence before admission
B. FULL NAME OF (Inot HOSPITAL OR INSTITUTION Pro	vident Hospita	location)	Maryland c. CITY OR TOWN (If Baltimore	outside corporate limits,	write RURAL and gi
c. Length of stay in Balti	imore Unknow	Yrs. Mos. Days	D. STREET ADDRESS (If 1379 What	rural, give location) coat Street	
5. SEX 6. COLOR OF	WIDOWED	, DIVORCED (Specify)	8. DATE OF BIRTH	49	der 1 Year   It Under 24 Hours   Mir
10A. USUAL OCCUPATION (Gork done during most of working life, even	Give kind of 108. KIND Of n if rotired)	F BUSINESS OR INDUSTRY	Middle Sex	Cg. Ku	2. CITIZEN OF WHAT COUNTRY
William	nes		PAPI WAIDEN NA	hinston.	
15. WAS DECEASED EVER N U. Yes, no or unknown) (If yes, give w	S. ARMED FORCES? war or dates of service)	6. SOCIAL SECURITY NO 31-11-5640	17. INFORMANT	1379 L	DRESS ST
DISEASE OR CONI LEADING 1 (This does not mean th heart failure, asthenia, et injury or complication  ANTECEDEN  DISEASES OR CONDIT RISE TO THE ABOVE CA UNDERLYING CONDIT	TO DEATH we mode of dying, e. g., tc. It means the disease, which caused death.)  TI CAUSES  TIONS, IF ANY, GIVING USE (A) STATING THE		nary tuberculosis		ONSET AND DEAT
OTHER SIGNIFICANT TRIBUTING TO THE DEAT TO THE DISEASE OR CO	CONDITIONS CON-				
19A. DATE OF OPERATIO		NDINGS OF OPERA	ATION		20. AUTOPSY?
21a, EXTERNAL CAUSE OF UNDERLYING   OR CO	NTRIB.   about home, farm,	OF INJURY (e. g., in factory, street, office bldg., et	or 21c. WHERE DID (I. INJURY OCCUR?	f in Baltimore City, giv	e exact location)
21D. TIME (Month) (Day OF INJURY	WHIL	INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
22. I certify that I to	ok charge of the rea	mains described al	bove, held an Inspec	tion & Inquiry	thereon and from
the cvidence obtained death in my o	ned by said Autops	y, Inspection or In m: natural causes	nquiry, find that said de ☑, accident ☐, suicide	Inspection or Inquiry eccased dicd on the □, homicide □, und	day stated abov determined □.
23A. SGNATURE Tauley	8. Du	lacher.		or Aug	ust 9, 1950
DATE RECEIVED BY   RES	DATE S. SIGNATURE	Tarch Ch	WHY CAN MA 25. FUNERAL DIRECTOR	dle Rey Cu	ADDRESS (State)
V S 151			Metropolitan?	runual H	me July



46.300 NTERVAL BETWEEN ONSET AND DEATH Candio vasculo. Bilateral (If in Baltimore City, give exact location) \_, 19 that I last saw the 23c. DATE SIGNED 24D. LOCATION (City, town, or coulty) 25. FUNERAL DIRECTOR 108 W. north doe. Balto.

If Under 1 Year

ADDRESS

12. CITIZEN OF

USA

WHAT COUNTRY

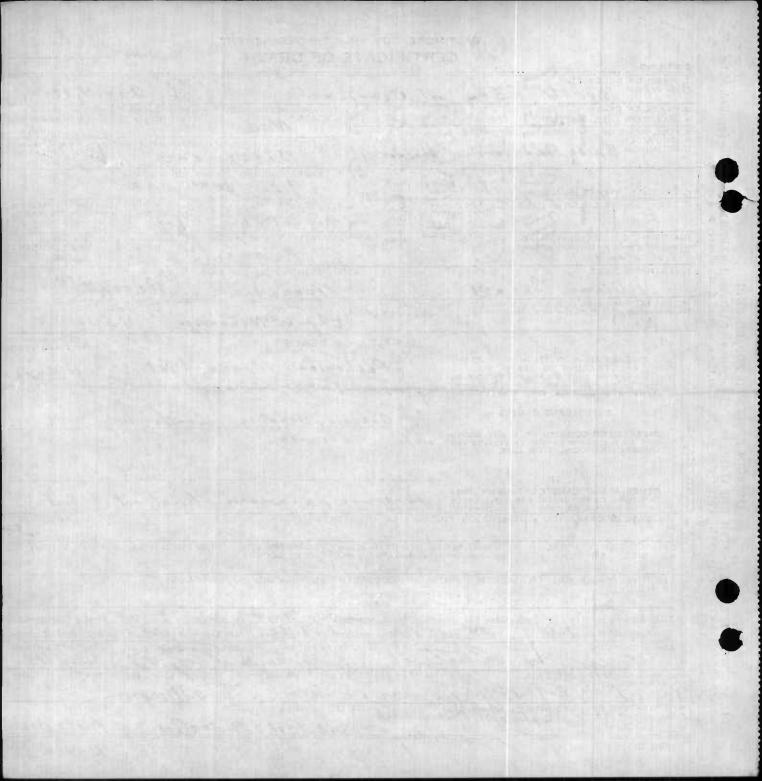
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24A. BURIAL, CREMA-

1305101 DATE RECEIVED BY 24B. DATE

REGISTRARIS SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY



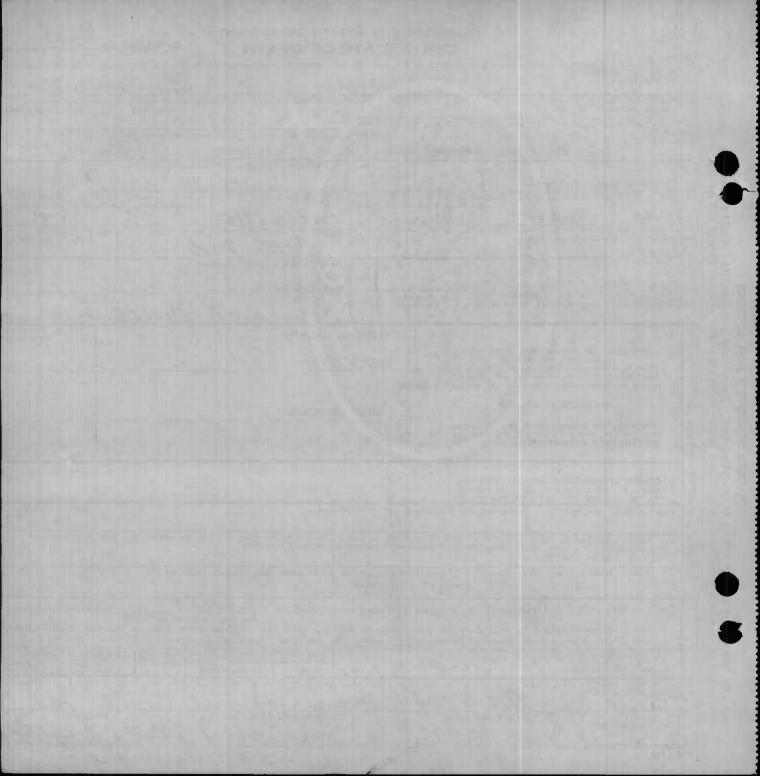
12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSYT (If in Baltimore Clty, give exact location) thereon and from Autopsy. Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, August 24D. LOCATION (City, town, or county) ADDRESS

before admission)

Ent 21 Frohm 8/14/50 for result of states

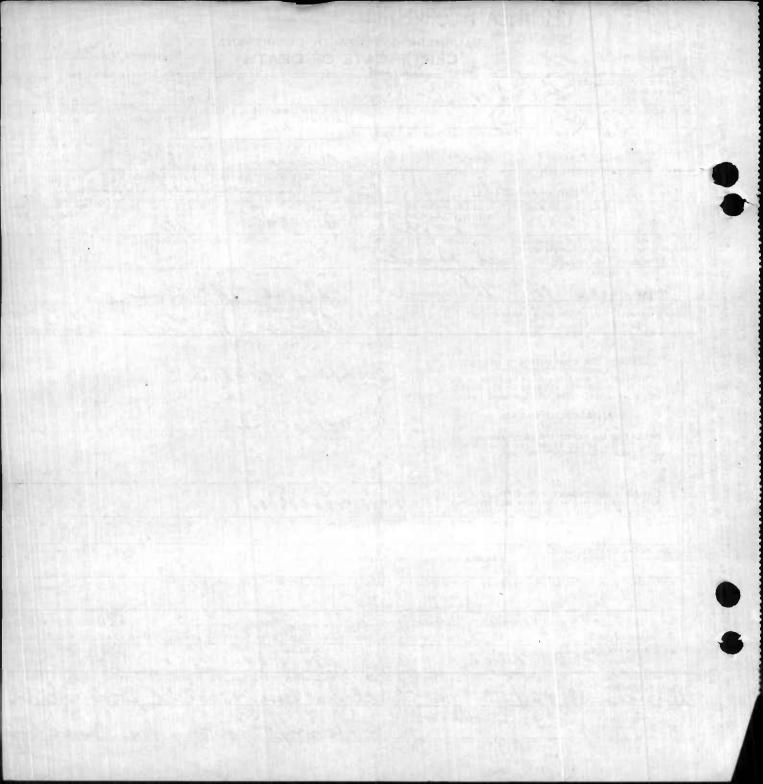
2. DATE OF August 9, 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location 2413 Druid Avenue 9. AGE (In years In Under 1 Year In Under 24 Hours last birthday) Months Days Hours Min. 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME ADDRESS ONSET AND DEATH 20. AUTOPSYT (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses \( \mathbb{Z} \), accident \( \mathbb{D} \), suicide \( \mathbb{D} \), homicide \( \mathbb{D} \), undetermined \( \mathbb{D} \). 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. August MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR 151

Registered No.



8-17-50 M+250 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Anne (Type or Print) OF 153. 1/28 UN ly supplied. cnna DEATH / 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE hefore admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside copporate limits, write RURAL and give INSTITUTION township) alumore Yrs. ombard Mos. St c. Length of stay in Baltimore Days 5. SEX 6. COLOR OF RACE SINGLE, MARRIED AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last hirthday) | Months: Days | Hours: Min. tem. information should of death clearly a 200 mole 10A. USUAL OCCUPATION (Givekind of BUSINESS OR JOB, KIND OF BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, evan if retired) INDUSTRY WHAT COUNTR Wor one 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ma 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnhnown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or nnknown) SECURITY NO. causes NTERVAL BETWEEN item 18. CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY Bronchop neumania LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Bronchiec Tasis INK. NO DISEASES OR CONDITIONS, IF ANY, GIVING CATI RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFI (C) 11 OTHER SIGNIFICANT CONDITIONS CON-Ш 05clerosis TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH LY, WITH important. YES EDIC/ 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 1987 that I last saw the 1950 to 22. I hereby certify that I attended the deceased from. deceased alive on\_ 19.50, and that death occurred at m., from the causes and on the date stated above. PLEASE WE 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED CODIS 24A. BURIAL, CREMA-24N DATE 24c. NAME OF CEMETERY OR CREMATOR) TION REMOVAL (Specify) Durial REGISTRAR'S SIGN TURE DATE RECEIVED BY FUNERAL DIRECTOR hutuston LOCAL REGISTRAR VS 150

RESERVED



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE C B. COUNTY before admission) (If outside corporate limits, write RURAL and give C. CITY OR TOWN D. STREET ADDRESS (If rural, give location) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours AGE (In years | 11 Under | Year | 11 Under 24 Hours | last birthday) | Months: Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? DOLANO 14. MOTHER'S MAIDEN NAME 17. INFORMANT ADDRESS IANNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH

20. AUTOPSY

21c. WHERE DID INJURY OCCUR?

YES V NO (If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

deceased alive on Que, 8, 19 50 and that death occurred at 10 m., from the couses and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 9 aug 50

24c. NAME OF CEMETERY OF CREMATORY

24D. LOCATION (City, town, or count)

70 DUNDALK AVE

19.5 hat I last saw the

25. FUNERAL DIRECTOR

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commendate of many 3.5. 1682 and 68 01 O Section have Committee the colon for four states F. Eurepan Scheryson ASE ASE AMENDO SEA Samuel Caragos my soly 8 50 leager & south

Cil	6936
The	BIRTH NO.
	1. NAME OF D (Type or Print)
supplied	3. PLACE OF D.
lly su	B. FULL NAME HOSPITAL OR INSTITUTION
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## BALTIMORE CITY HEALTH DEPARTMENT

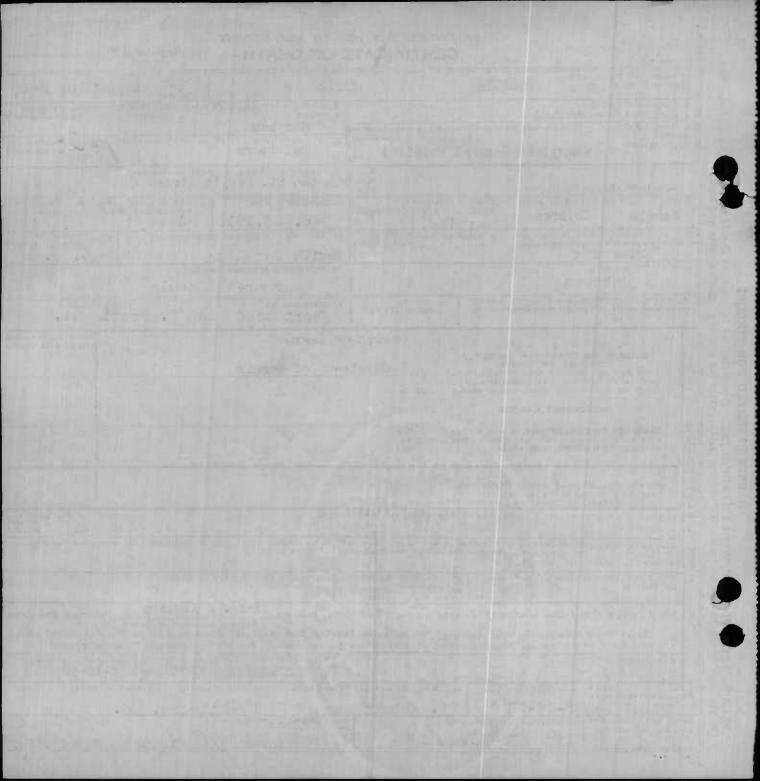
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	RTH NO.		CERTIFICATI	E OF DEATH	Registered	No.	
1. (T)	NAME OF D	CRUMB	LE, Lewis Edward		OF Aug	ust 9,	1950
A.		City, Maryland	al or institution, give street address or	4. USUAL RESIDENCE (W A. STATE Mary land	here deceased lived, B. COUNTY		residence re admission)
H	STITUTION		spital, Balto., Md.		outside corporate lim	nits write RUI	RAL and give township)
c.	Length of s	stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If a 500 Aisquith			
5.	sex Ma <b>le</b>	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sep.	8. DATE OF BIRTH Nov. 27, 1906	9. AGE (In years last birthday)		If Under 24 Hours Hours Min.
10 work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)		11. BIRTHPLACE (State or fo		12. CITIZE WHAT USA	EN OF COUNTRY
13	. FATHER'S			14. MOTHER'S MAIDEN NA Susie Crumble	ME		
15 (Yes	. WAS DECEAS , no or unknown) Yes	ED EVER IN U, S. ARMEI (If yes, give war or date WW 2	of FORCES? 16. SOCIAL SECURITY NO. 214-10-5024	17. INFORMANT Records, US Ma		Balto.	Md.
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  (A) Multiple Graphing of building the control of						AL BETWEEN AND DEATH
CERTIFICATION	OTHER S	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE DUE TO  (C)  TIONS CON- NOT RELATED				
AL			9B, MAJOR FINDINGS OF OPER	ATION		20. A	UTOPSY?
EDIC	21A. ACCIDI HOMICIDE	ENT, SUICIDE, (Specify)	218. PLACE OF INJURY (e. g., in about home, farm, factory, etreet, office bldg., e	a or 21c. WHERE DID (Internal Injury Occur?	f in Baltimore City	give exact le	ocation)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE WORK AT WORK		OCCUR?		
	deceased a	live on TURE	ended the deceased from Jul , 1959, and that death occur ical Director M. D.	red at 11:10 m. from th		the date sto	ated above. TE SIGNED
DA	ATE RECEIVE	CREMA 248. DATE Specify)  D BY REGISTRAR	24c. NAME OF CEMETE  S. SIGNATURE  Major Milianus, Major		CATION (City, tow	n, or county)	(State)
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10	6937			ALTH DEPARTMENT	Registered N	
B	IRTH NO.	CERTI	FICATE	OF DEATH	registered N	0
	NAME OF DECEASED  'ype or Print)  ROS	SALIE	KI	EELS	2. DATE OF Augu	ast 10, 1950
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (W		nstitution: residence before admission
В.	FULL NAME OF (If not in hospite	al or institution, give stre	et address or	Maryland	2. 0001111	Derote Buildssion
	ospital or istitution Maryland	General Hospi	tal	Baltimore (If o	outside corporate limits	write RUPAL and giv township
			Yrs. Mos.	D. STREET ADDRESS (If r 566 St. Mary's	ural, give location)	
	Length of stay in Baltimore	7. SINGLE, MARRIED	Days	8. DATE OF BIRTH		Under 1 Vans   18 Hadas 94 Hans
	Female Colored	widowed, divord		Dec. 26,1915	last birthday) Mon	Under 1 Year   H Under 24 Hours   Min
worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Housewife		ESS OR INDUSTRY	11. BIRTHPLACE (State or for South Carolina		12. CITIZEN OF WHAT COUNTRY U. S. A
13	FATHER'S NAME			14. MOTHER'S MAIDEN NA		U. D. A
	Unknown			Margaret I	incoln	
15 (Ya	. WAS DECEASED EVER IN U. S. ARMED	FORCES?   16. SOCIA	AL RITY NO.	17. INFORMANT	AD	DDRESS
(10	(1. Jos. Site ast of dates	SECU	KITT NO.	Robert Wood 5	02 N. Pear	I St.
CATION	LEADING TO DEAT  (This does not mean the mode o heart fallure, asthenia, etc. It mea- injury or complication which o  ANTECEDENT CAUS  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	ns the disease, aused death.) DUE TO SES  FANY, GIVING STATING THE OUE TO ST.	o	noma of cervix		
RTIFICA	OTHER SIGNIFICANT CONDITIONS TO THE DEATH, BUT	NOT RELATED				
CE	19A. DATE OF OPERATION 15	B. MAJOR FINDINGS	OF OPERA	ATION	•••••	20. AUTOPSY?
١						YES NO X
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH.	218. PLACE OF INJ about home, farm, factory, str	URY (e.g., in eet,office bldg.,et		in Baltimore Clty, gi	ive exact location)
Σ	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJUR WHILE AT WORK	Y OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
	22. I certify that I took char	ge of the remains d	leseribed al	bove, held an Insp. 8	Inquiry	thereon and from
	the evidence obtained by and death in my opinion	said Autopsy, Inspe	ection or In	Autopsy, Inquiry, find that said dec	nspection or Inquiry ceased died on the	day stated above
	23A. SIGNATURE	ful de	7 ,	238 CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	XAMINER 23C	LATE SIGNED
2.	4A. BURIAL, CREMA- 24B. DATE	24C. NAME		Y OR CREMATORY 24D. LO		or county) (State)
	Burial 8-14-50	Mt. At	iburn (	Cem Balt	imore. Md.	
		SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS 5784
Δ	UG 1 0 1950 tuntington	- Williams, M. M.		Mothances	a Hemoley	Widdles
v	S 151					1100



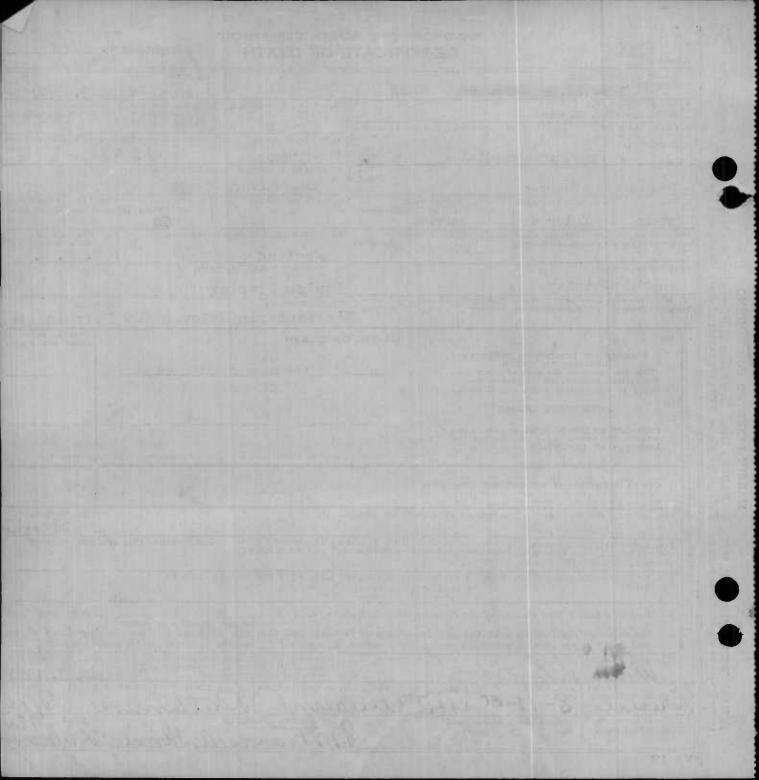
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BIRTH NO.	160	C	ERTIFICATI	E OF DEATH	Registered N	lo
1. NAME C (Type or Pr	F DECEASED CH	ESLEY	BOYER		2. DATE OF DEATH AUGU	st 7. 1950
	re City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, If B. COUNTY	institution : residence before admission
B. FULL NA HOSPITAL INSTITUTION	N		n, give street address or location)	c. CITY OR TOWN (I	f outside corporate limits	s, write RURAL and giv
4.01	Provident Ho	ospital	Yrs.	Baltimore o. street ADDRESS (H	rural, give location)	00
c. Length	of stay in Baltimore		Mos. Days	3041 Calvert		
5. SEX	6.COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In years) M	Under 1 Year It Under 24 Hear oths Days Hours Min
10A. USUAL	OCCUPATION (Give kind of most of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF
			INDUSTRY	Maryland	LEAD IN	U. S. A.
13. FATHER				14. MOTHER'S MAIDEN N	IAME	
	n Chisley			Louisa Frazie	r	
(Yes, no or unko	EASED EVER IN U.S. ARMED owo) (If yes, give war or dated	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT L's Victoria C		Dolphin St
Z DISE	ANTECEDENT CAUS  ANTECEDENT CAUS  ASES OR CONDITIONS, II TO THE ABOVE CAUSE (A) ERLYING CONDITION LA	F ANY, GIVING	(B)  DUE TO  (C)		l intestine	
M TO TH	R SIGNIFICANT CONDITING TO THE OBATH, BUT IN DISEASE OR CONDITION	NOT RELATED			• • • • • • • • • • • • • • • • • • • •	
U 19A. DA	TE OF OPERATION 1	98. MAJOR F	INDINGS OF OPER	ATION		YES X NO
UNDERL	TERNAL CAUSE WAS YING OR CONTRIB- CAUSE OF DEATH.	218. PLAC	E OF INJURY (e. g., ic n,factory,street,officebldg.,e		If in Baltimore City, g	ive exact location)
	E (Month) (Day) (Year)	WHI	E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
22. I e	ertify that I took char	ge of the re	emains described a	ooto, room are	utopsy	thereon and from
				nquiry, find that said d \[ \begin{align*} a		
W	Plien V. South	M-		238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER	e. date signed
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DATE RECE	STRAR REGISTRAR	S SIGNATURI	E MALL MAR	MV frants a	a Hemsly	ADDRESS 5180

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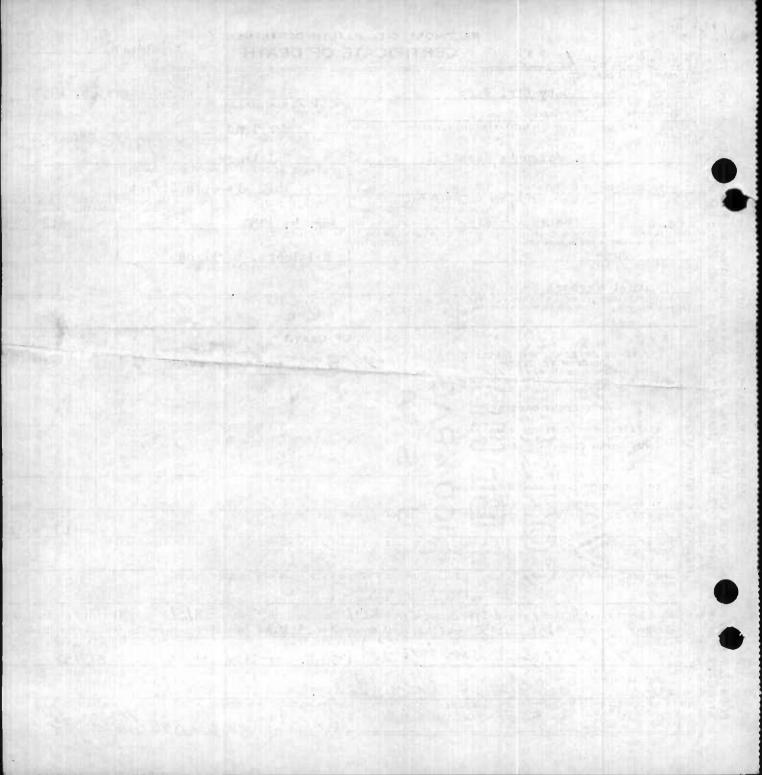
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Williams, M. M.



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BII	300 RTH5N333	50-16386	BALTIMORE CITY HE CERTIFICATI		Registered No	50 6939
1. (T <sub>3</sub>	NAME OF D		3 107 3		2. DATE OF	. 5 3050
3.	PLACE OF D	Baby Gir	'I Wade	4. USUAL RESIDENCE (W	here deceased lived. If in	
		City, Maryland		A. STATE	B. COUNTY	before admission)
HO	SPITAL OR	OF (11 not in nospita	al or institution, give street address or location)	c, CITY OR TOWN (If	outside corporate limits	write RURAL and give
IN	STITUTION	St. Joseph	s Hospital	Baltimore	9-0	tòwnship)
1		001 00 00 00	Yrs.	D. STREET ADDRESS (If a	rural, give location)	
		tay in Baltimore	12 hr. Mos. Days	1612 Ai squ	ith Street	
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H bast birthday) Mont	nder 1 Year   II Under 24 Heurs ths: Days Hours: Min.
	e	White	Single	Aug. 1, 1950		12
10/	A. USUAL OC done during most o	CUPATION (Give kind of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	2. CITIZEN OF WHAT COUNTRY?
		ne		Baltimore, Mary		
13,	FATHER'S	IAME		14. MOTHER'S MAIDEN NA	ME	
15		Herbert Wade				
(Yes,	, no or unknown)	(If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	HORD CLA	ADI	DRESS
RTIFICATION	DISEASE:	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA	aused death.) DUE TO  ES  (B)  F ANY, GIVING  STATING THE DUE TO  ST.		O	
12	TRIBUTING	IGNIFICANT CONDI	NOT RELATED			
U		F OPERATION 1	BB. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
AL					11,202 100	YES NO
EDICAL	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		f in Baltimore City, giv	ve exact location)
Σ	21D. TIME OF INJURY	Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereb	y certify that I att	ended the deceased from 8/11		8/5/ , 1950,	
1	deceased at		, 1950 and that death occur	3B. ADDRESS	ie causes and on the	23c. DATE SIGNED
	Sec.	raddeus	- Sumsky	100 N. Caroline S	Street	8/5/50
24 TIO	A. BURIAL,	pecify) 248. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town, o	r county) (State)
DA	TE RECEIVE	BY REGISTRAR	SOIGNATURE TON MULLIAME	25 FUNERAL DIRECTOR	5315 8/20	ADDRESS MAN
	VS 150			The work	- copped	THE THE PERSON NAMED IN COLUMN TO TH
				BENEFIT OF THE PARTY OF THE PAR		159



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# BALTIMORE CITY HEALTH DEPARTMENT

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JU	OUTE
egistered No	

BIRTH NO.	()	0.0	CERTIFICAT	E OF DEAT	H Registered	l No
1. NAME OF					2. DATE	
(Type or Print)	Mary S	Simpson			OF DEATH Augu	st 8. 1950
	City, Maryland	-1		A. STATE	ENCE (Where deceased lived, B. COUNTY	lf institution; residence before admission
B. FULL NAMI HOSPITAL OR INSTITUTION			cion, give street address or location)	c. CITY OR TOWN		mit. vrite RURAL and gir township
85	5 Hamilton Ter	rrace	Yrs.	Baltimor	Ess (If rural, give location)	
c Length of	stay in Baltimore		Mos. Days	825 Hami		
5. SEX	6. COLOR OR RACE		E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year   If Under 24 Hou Months: Days   Hours: Mir
F	White	Sin		About 1871	About 79	Months Days Hours with
10A. USUAL C rork done during mor Millin	CCUPATION (Give kind of st of working life, even if retired)		of Business or INDUSTRY linery -Retire		State or foreign country)	U.S.A.
13. FATHER'S		1 1111	TIMELY -ICOLI	14. MOTHER'S MA	IDEN NAME	U. J. A.
Samue	1 Simpson				nn Woodside	
15. WAS DECEA	SED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	III Oodal de	ADDRESS
NO DEFENDA	n) (If yes, give war or date None	s or service)	None None	Miss Annie S	impson 825 Hamil	ton Terrace
18. 45	211.		CAUSE	OF DEATH		INTERVAL BETWEE
DISE	ASE OR CONDITION		Condi	ovascular di	90990	about
	LEADING TO DEA	of dying, e.	g., (A)	ovascutar utsease		3 yrs.
	ilure, asthenia, etc. It med or complication which					CONTRACTOR.
14.00	ANTECEDENT CAU	SES	01	d ece		
Z DISEAS	ES OR CONDITIONS,	E ANY GIVII	(B)	d age		
RISE TO	THE ABOVE CAUSE (A)	STATING T				
FICA	21.110 00.12.110.1		Non	8		
Ė	11		(C)		•••••••••••••••••••••••••••••••••••••••	
TRIBUTI	SIGNIFICANT COND NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED Non	e		
A None		19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
( )	DENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., farm,factory,street,office bldg.,			y, give exact location)
5	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	RED 21F. HOW DID	INJURY OCCUR?	
OF INJUR		m.	WHILE AT NOT WHILE			
22 I home	she acutify that I at			gust 2. 1950	O, to August 8, , 19	50 that I last saw t
declased	Wive on Augus t	19 50	deceased from Au	rred at 6: 10p.m.	, from the causes and on	
23 . SIGN	ATURE			516 Cathedra		23c DATE SIGNED
1/47	nes Iraha		manslon M.D.			8/10/50
TICH, REMOVAL	(Specify)		24c. NAME OF CEMETE			
Burial DATE RECEIV			Loudon Park C	emetery	Baltimore, Ma	aryland ADDRESS
AUG 1	STRAR 1950	yton II	Cleanis, Mil	Mm J. Ticken	cer Lous Morth	+ Henna lives
VS 150	. ""(")"(")"	263 G.			no he	eta ma
	NING TO			3	73 ) ou	

This patient was under the professional care of Da Erment G. mann, 516 Cathedrot Smar Battimore med from. 1947 to aug 1, 1950

James G. manton. m.D

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BIRTH	NU.
1. NAN (Type o	r Print)

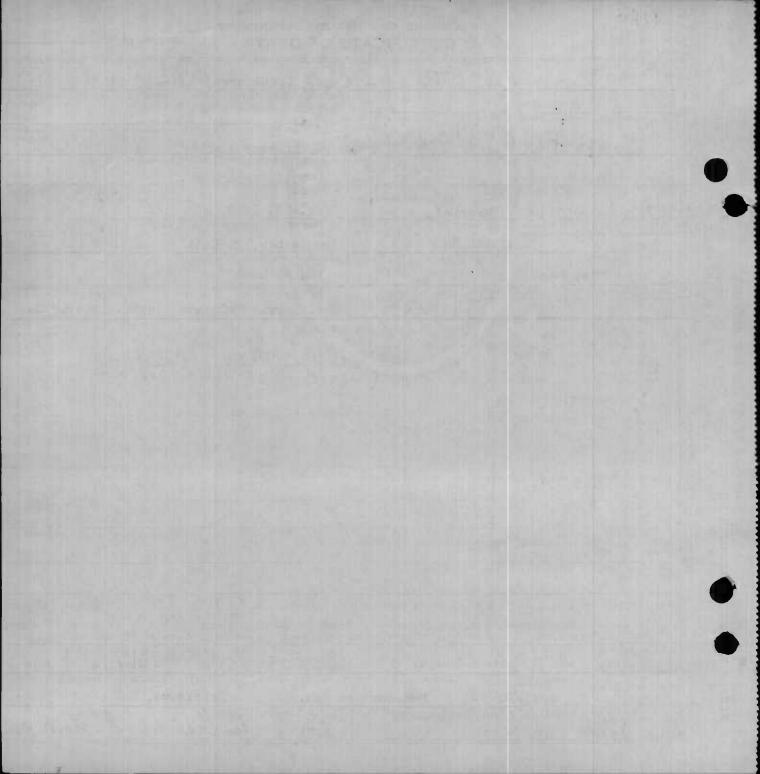
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6941

F	- 01	IRTH NO.	
j.	1. (T	NAME OF DECEASED	2. DATE. 8/9/80
supplied		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
ins	8.	FULL NAME OF (If not in hospital or institution, give street address or	
lly	IN	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits write RUBAL and give township)
	-	STICK TOSPITAL.	D. STREET ADDRESS (If rural, give location)
ca.	c.	Length of stay in Baltimore Mos. Days	13,14 See Hand Sh. 423
nd	5.	SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. SE (In years   Il Under   Year   If Under 24 Hours   Months; Days   Hours; Min.
should be		O. MI DOWED	5 - V.1115 65 Main.
information shous of death clearly	worl	DA. USUAL OCCUPATION (Give kind of Laboratory Action of Business OR Laboratory Months of Working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
ion clo	13	FATHER'S NAME	DALIO 12.
mat		E De l'al	14. MOTHER'S MAIDEN NAME
for f	15	. WAS DECOASED EVER IN U. S. ARMED FORCES   16. SOCIAL	17. INFORMANT ADDRESS
in se o	(Ye	e, no or uokhown) (If yee, give war or dates of service) SECURITY NO.	
em of i			OF DEATH INTERVAL BETWEEN
iten		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
Every item write the cau		LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	cenoma of Cladoler 3-4 mints
Ever		injury or complication which caused death.) DUE TO	
		ANTECEDENT CAUSES	
INK.	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING	
IG.	AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DIN	FIC		
UNFADING Physicians:	RTIFI	OTHER SIGNIFICANT CONDITIONS CON-	disl Degeneratie Disease
Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED / MOCONE TO THE DISEASE OR CONDITION CAUSING IT.	dest Degenerative Nistra
t.	1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION. 20. AUTOPSY?
LY, WITH	EDICAL	21A. ACCIDENT WAS LINDER.   21B. PLACE OF INJURY (e. g., in	or   21C. WHERE DID (If in Baltimore City, give exact location)
Y, upor	ED	LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e	INJURY OCCUR?
5.5	2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
ally		m. WHILE AT NOT WHILE	
PL			-25 1950, to 8-9 , 1959 that I last saw the
esp		deccased alive on 2-9, 1950 and that death occur	red at m., from the causes and on the date stated above.
VE is		23A. SIGNATURE 16. Cachissis M. D.	3B. ADDRESS Comes Hospital 23c. DATE SIGNED
E W	24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY   240. LOCATION (City, town, or county) (State)
AS	110	2:04 (1.17 5)	EM. BALTO MD
PLEASE W	D/ LC	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
40		AUG 101950 Phuttington Millianis, Mill	Mm. Lukner dow Inc. Bells med
		VS 150	50 2

in again the part 3 3 3 4 4 6 The state of the s

-	1-6	BALTIMORE CITY H	EALTH DEPARTMENT	5	0 6010	
5	6943 BIRTH NO		E OF DEATH	Registered No.	0 0046	
1	. NAME OF DECEASED . /	riet L. Tanpho	( + S + (Pankhurst)	OF Pugu	154 9, 1950	
	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (When		titution : residence before admission	
В.		tal of institution, give street address or location)	Md.			
	NSTITUTION LATER POUL	who general thu	J C. CITT CK TOWN	side corporate limits, v	vrite RURAL and gi	
	Soald Dall	Yrs!	Baltimore D. STREET ADDRESS (If rur	al, give location)		
C	Length of stay in Baltimore	Mos. Days	3013 Herbert S	t.		
5	. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		last birthday)   Month	der t Year   It Under 24 Hours   Min	
1	OA. USUAL OCCUPATION (Give kind of	Married	Mar. 23, 1870	80		
wor	rk done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY At Home			WHAT COUNTR	
1:	Home 3. FATHER'S NAME	At Home	Manchester, Englan		USA	
	John Fletcher		Isabel Lowe			
19	5. WAS DECEASED EVER IN U. S. ARMEI	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	
	No	None	Mrs. Ludwig Waldma	nn Westmini	ster, Md.	
	18. 443 X ,	CAUSE	OF DEATH		INTERVAL BETWEE	
	OISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO COPTION—VYSCULAR DISEASE					
	(This does not mean the mode of heart failure, asthenia, etc. It mes	of dying, e.g., ans the disease, caused death.)  CUE TO	-din - / 4504/4	+ Dicent		
	to the second se					
7	ANTECEDENT CAUSES (B)					
RTIFICATION	DISEASES OR CONDITIONS, I	STATING THE PUE TO				
ATAT	UNDERLYING CONDITION LA	151.				
F	II,	(c) .				
ERT	OTHER SIGNIFICANT COND. TRIBUTING TO THE DEATH, BUT	NOT RELATED				
Ü	19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?	
AL			Lois Wilson Bio (Mi		YES NO	
EDIC	21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., i about home, furm, factory, street, office bldg.,		n Baltimore City, give	e exact location)	
Σ	21D. TIME (Month) (Day) (Year) OF INJURY	CCUR?				
	22. I certify that I took char	ege of the remains described of	above, held an Insp	etin,	thereon and from	
	the evidence obtained by	said Autorsu. Inspection or	Autopsy, Insy Inquiru, find that said dece	pection or Inquiry ased died on the	dan stated abov	
	and death in my opinion  23A. SIGNATURE	resulted from: natural eause	s □, accident □, suicide □,		etermined [].	
.	Com. H. Ko	humen, J. N	ASSISTANT MEDICAL EXA	MINER PAY	9. 9. 1950	
2. TI	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE		ATION (City, town, or	county) (State)	
			Y	imore, Md.		
L	ATE RECEIVED BY REGISTRAR. AUG 101950	S SIGNATURE	UM. Secku		- Ball Ba	
VS	3 151		l) ·	9	2 0 8	



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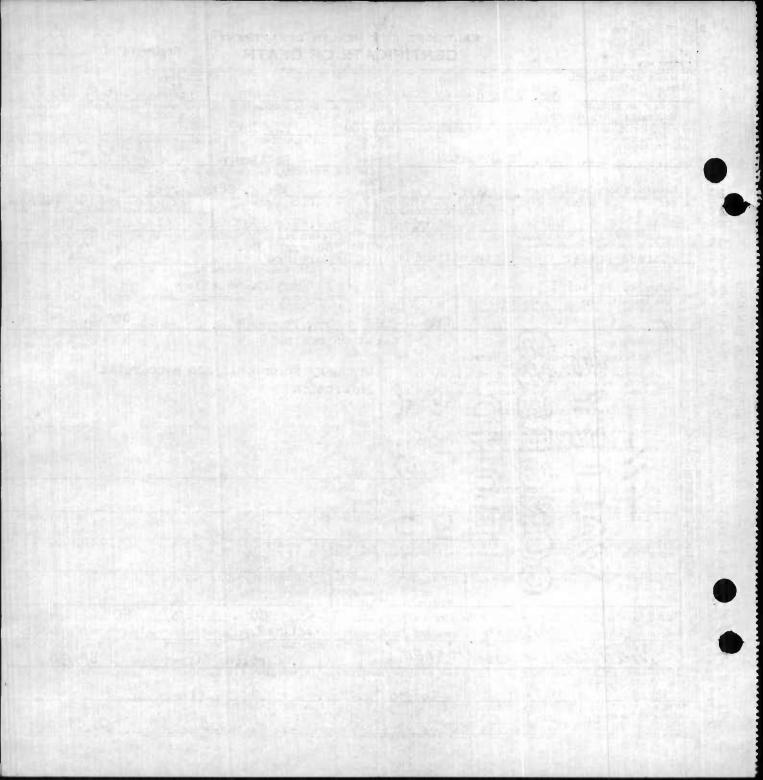
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### BALTIMORE CITY HEALTH DEPARTMENT

50 6943

The	В	IRTH NO. CERTIFICAT	E OF DEATH Registered No.				
supplied. T	1. (T	NAME OF DECEASED  Type or Print)  Mr. John Wesley McDaniel	2. DATE OF DEATH August 9, 1950				
	A.	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission				
ully su	H	FULL NAME OF (If not in hospital or institution, give atreet address of OSPITAL OR location NSTITUTION	Maryland  C. CITY OR TOWN (If outside corporate limits write RURAL and give township				
		St. Joseph's Hospital	Baltimore D. STREET ADDRESS (If rural, give location)				
cs leg	c.	Mos. Length of stay in Baltimore 30 yr. Days	325 E. 28th Street				
uld re		SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married)	8. DATE OF BIRTH 9. AGE (ln years li Under   Year   Wonths Days Hours Min.   Nov. 21, 1902 47				
on should clearly ar	wor	DA. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR INDUSTR Mattress Cutter Internation Bedding	Y Somerset Co. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY				
ation th		3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
dea		John W. McDaniel	Mary E. Wheatley				
of information ises of death cle		5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO. NO - 217-01-7381	17. INFORMANT ADDRESS Mrs. Margaret E. McDaniel 325 E. 28th St.				
Every item of i		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	OF DEATH  ronary thrombosis and myocardial  farction				
INK.	ICATION	The second secon					
AD	RTIFI	(c)					
UNFADING Physicians: 1	CER	TRIBUTING TO THE DEATH, BUT NOT RELATED					
-		19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPE	RATION   20. AUTOPSY?   YES NO X				
=	EDICAL	21A. ACCIDENT. SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g. aboot bome, farm, factory, atreet, office bldg					
E PL LY, especially impo	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCUR OF INJURY WHILE AT NOT WHIL AT WORK AT WORK	E				
	22. I hereby certify that I attended the deceased from 7/25/, 1950, to 8/9/, 150						
13.		maddeus Swinsky.	23B. ADDRESS   23c. DATE SIGNED   1400 N. Caroline Street   8/9/50				
	2. TI	AA. BURIAL, CREMA- ION, REMOVAL (Specify) Burial  24B. DATE 24C. NAME OF CEMET Loudon Pk.	Cem. Baltimore Md. (State)				
PLEASE correct a	L D L	ATE RECEIVED BY REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR ADDRESS  Vim. C. Lickney Jone Inc. Balts md.				

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# BALTIMORE CITY HEALTH DEPARTMENT

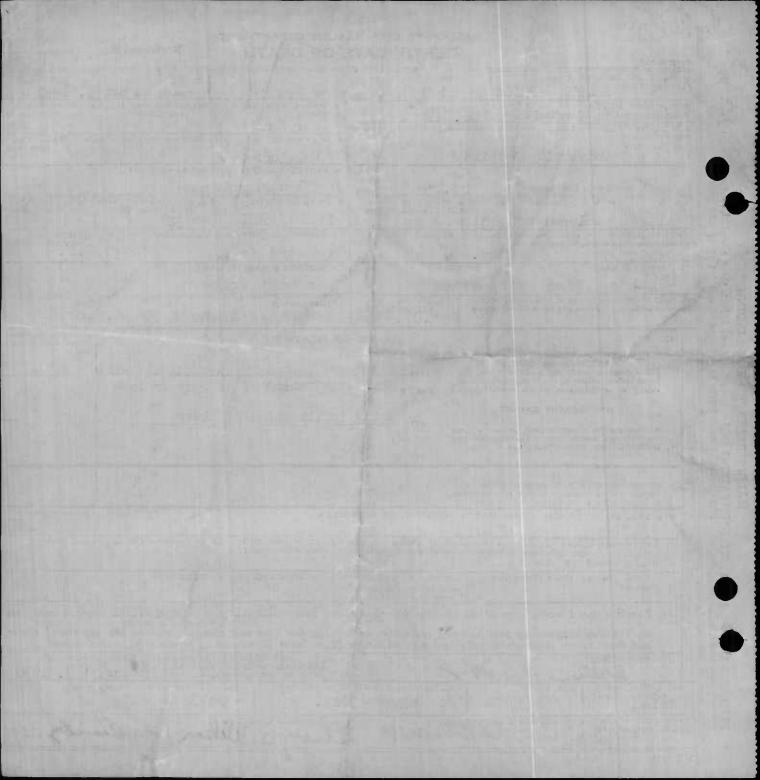
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BIRTH NO.		C	ERTIFICAT	E OF DEA	TH	Registere	d No.	
1. NAME OF DECEA	NRY PRI	CE	(William H	enrv Pric	ce)	2. DATE OF DEATH AU	gust 6, 1	950
3. PLACE OF DEATH A. Baltimore City,		Balto.0		4. USUAL RES	BIDENCE (Wh	ere deceased lived B. COUNTY	L If institution:	
B. FULL NAME OF HOSPITAL OR INSTITUTION	('f not in hospit	al or institution,	give street address or location)	c. CITY OR TO		utside corporate li	imits, write RU	RAL aud giv
	iversity H	lospital		Baltim			1-00	township
26		05 47	Yrs. Mos.			ral, give location	)	
c. Length of stay i	n Baltimore	25 Yrs.		8. DATE OF BI	rlem Aver	NUO 9. AGE (In years	I It linder I Veer	If Under 24 Hours
	olored		, DIVORCED (Specify)	II/24/I		last birthday)	Months Days	Hours Min.
IOA. USUAL OCCUPA	ATION (Give kind of	10B. KIND O	F BUSINESS OR	11. BIRTHPLAC			12. CITIZE	EN OF
Laborer		Cem.Co.		Richmond	Va		U.S.A	COUNTRY
13. FATHER'S NAME				14. MOTHER'S				
	lliam Her			Marcia	a Price	)		
15. WAS DECEASED EV (Yes, no or unknown) (If	ER IN U.S. ARMEI		STECHELL NO.	17. INFORMAN Lacounte		news 504	ADDRESS N.Schr	oder S
18. 002 X		HOUSE	CAUSE	OF DEATH				AL BETWEEN
	DISEASE OR CONDITION DIRECTLY							AND DEATH
(This does not heart failure, as	(This does not mean the mode of dying, e.g., (A) DILECTEL DULMONARY TUDETCHLOSIS WITH							
injury or comp	injury or complication which caused death.) Due to cavitation of left upper lobe							
ANT	ANTECEDENT CAUSES Fatty infiltration of liver						4	
Z DISEASES OR	DISEASES OR CONDITIONS, IF ANY, GIVING						****************	
UNDERLYING	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
<u> </u>			(0)					
TRIBUTING TO	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
U 19A. DATE OF OF	E OR CONDITION		NDINGS OF OPER	ATION		•	20. A	UTOPSY?
7							YES	NO X
21A. EXTERNAL OUNDERLYING DUTING CAUS	OR CONTRIB-		OF INJURY (e. g., in factory, street, office bldg., e			in Baltimore Cit	y, give exact lo	ocation)
2 1D. TIME (Mont OF INJURY	h) (Day) (Year)	WHIL	E. INJURY OCCURR	ED 21F. HOW D	YRULNI DIC	OCCUR?		
22. I certify th	m.   WORK   AT WORK   AT WORK     22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from							
the evidence	c obtained by	said Autops;	y, Inspection or l n: natural causes	nquiry, find th	Autopsy. In	spection or Inqui eascd died on	iry the day sta	ated above
23A. SIGNATORE		11 24		23B. CHIEF	MEDICAL EX	AMINER	23c. DATE SI	IGNED
24A. BURIAL, CREMA	A-  248. DATE!	ACTION S	M. NAME OF CEMETE	D. MEDICAL II		CATION (City, to	August 7	, 1950 (State)
TION REMOVAL (Specify	8/11/1		t Calvery		Broot	klvn Md		,
DATE RECEIVED BY LOCAL REGISTRAR	The state	S SIGNATURE	4 / %	ELLOW (	S. Will	on 1000	Bund	The cont
V S 151			971	/ /			120	2/
			- / / / 9	1	200			1 00

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Y, WITH UNFADING INK. Every item of information should be carry important. Physicians: please write the causes of death clearly and legis PLEASE WRI PLA correct age is especially

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6940	BALTIMORE CITY	HEALTH DEPARTME

CERTIFICATE OF DEATH Registered No. BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION IDEAS HOPKINS HOSPITA Hownship) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours : Min. 10A. USUAL OCCUPATION (Give kind of OF BUSINESS OR Work done of ting most of working the even if retired) (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY 13. FATHER'S NAME Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, ag or nuknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. JOHNS MOPKINS MOSPITE CAUSE OF DEATH INTERVAL BETWEEN 204.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) INTRACRANIAL (SUB ARACHUSID) (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. LEMBER HAGE injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NO O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... RTI H OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from 1950 to. . 1920, that I last saw the 5Pm., from the causes and on the date stated above. 1950 and that death occurred at 8 deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, PEMOVAL (Specify) AC NAME OF COMETERY OF CREMATORY DATE RECEIVED BY INERAL DIRECTOR LOCAL REGISTRAR

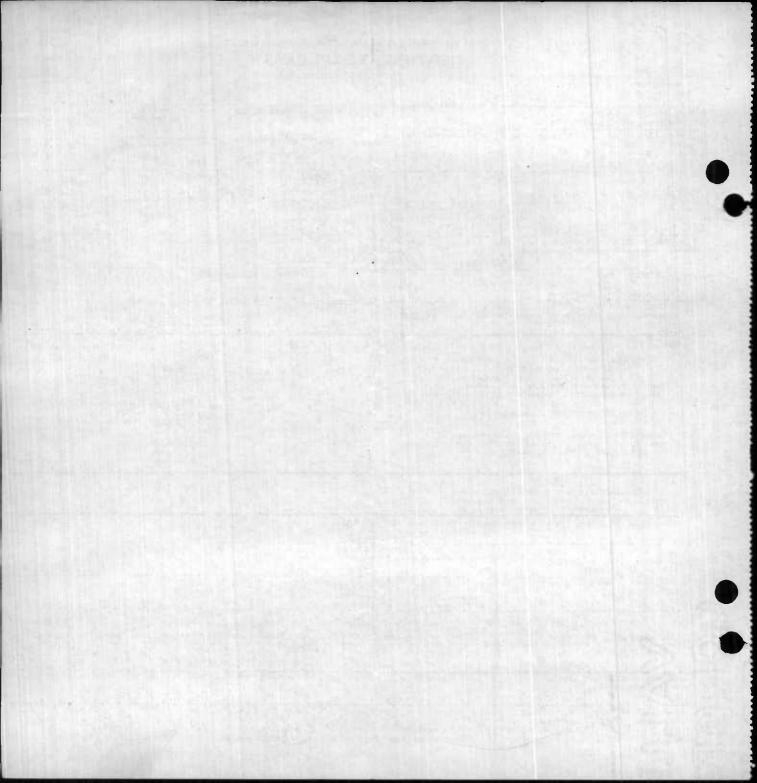
INTERACE (SUB PRICE OF ARACATULE) LEVINE ( ? - SHEER TIC 14/12/2

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	JNFADING INK. Every item of information should rear ally supplied.	of death c
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	6946
Registered	No	

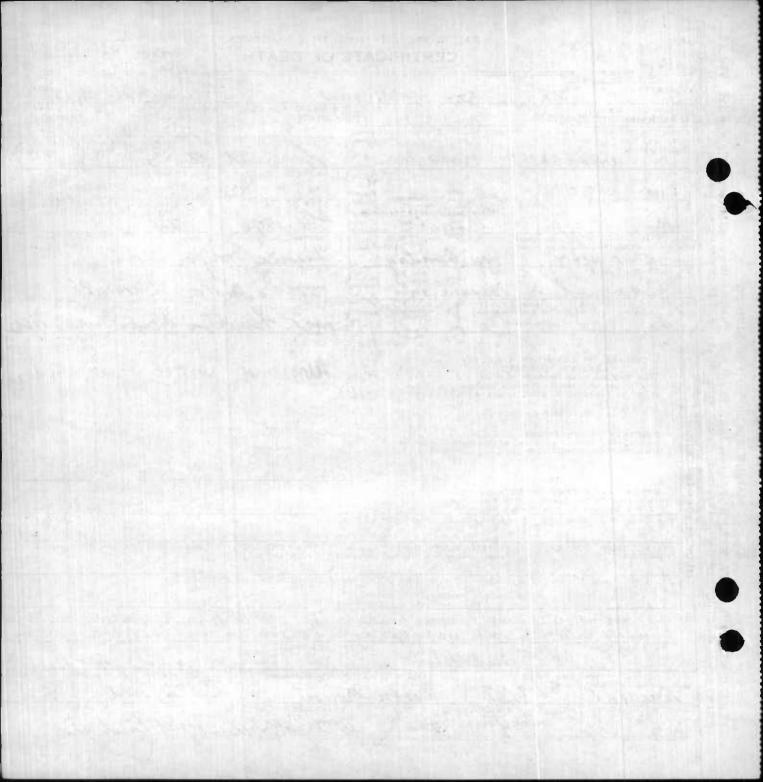
BIRTH NO.			OLIVIII IONIII					
1. NAME OF D	DECEASED				2. DATE			
(Type or Print)	Anna E	ell Bu	tton			ug.10,1950		
3. PLACE OF E				4. USUAL RESIDENCE (V				
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institut	tion, give street address or location)	c. CITY OR TOWN (If outside corporate limits write RURAL and give township)				
0000	TOLIOIR AVE		Yrs.	D. STREET ADDRESS (If	rural, give location)			
c. Length of s	stay in Baltimore		Mos. Days	532 E. 23rd				
5. SEX	6. COLOR OR RACE	WIDOV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 17, 1875	9. AGE (In years last birthday)	Months Days Hours Min.		
emale	White		ngle	11. BIRTHPLACE (State or f		12. CITIZEN OF		
work done during most	CCUPATION (Give kind of of working life, even if retired)	Muray	of Business OR INDUSTRY		oreign country)	WHAT COUNTRY:		
13. FATHER'S	NAME	2000 /2		14. MOTHER'S MAIDEN N	AME			
Jacob	R. Button	/		Sarah E. Pande	11			
15. WAS DECEAS	ED EVER IN U, S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
TO DEED WE	(11 300, 8170 war or daso	. 0, 501 (100)	SECORITY NO.	Mrs Edward B. H	Jamtood 532	Overbrook Rd.		
18. / / 3	2 1		CAUSE	OF DEATH		INTERVAL BETWEEN		
70								
7 200	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Mascandid Vinandiana							
(This doe heart fail	s not mean the mode oure, asthonia, etc. It mos	of dying, e. ns the diseas	g., (A)					
injury or	complication which	aused deatl	n.) DUE TO	P- 0-011	a D.V	2		
	ANTECEDENT CAUSES							
Z			(B)	***************************************	Oursel			
O DISEASE	S OR CONDITIONS, I							
VNDERL	YING CONDITION LA		(C)			TY BUILDING		
9								
DISEASE RISE TO UNDERLUN								
OTHER :	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
O TO THE D	DISEASE OR CONDITION	CAUSING	IT					
J 19A. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?		
<u> </u>						YES NO		
LYING C	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING  21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, atreet, office bldg., etc.)  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, atreet, office bldg., etc.)  INJURY OCCUR?							
	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?			
OF INJURY			WHILE AT   NOT WHILE					
	m.   WORK   AT WORK							
	22. I hereby certify that I attended the deceased from 1950, to line, 1950, that I last saw the							
	deceased alive on 2, 19 50 and that death occurred at 1:00 A.m., from the causes and on the date s					the date stated above		
23A. SIGNA	TURE M	3cm	merina 1	23B. ADDRESS	l'ore	23c. DATE SIGNED		
24A. BURIAL.	CREMA- 248. DATE	/	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, tov	vn. or county) (State)		
TION, REMOVAL (	Specify	0	Calr Lawn		Itimore Cou	nhow /		
DATE RECEIVE		S SIGNAT		25 PUNERAL PIRECTOR	LIA WOLE LOU	ADDRESS (		
AUG 1		ton Mil	liance, Maria	Moohome	12110	Faul SI		
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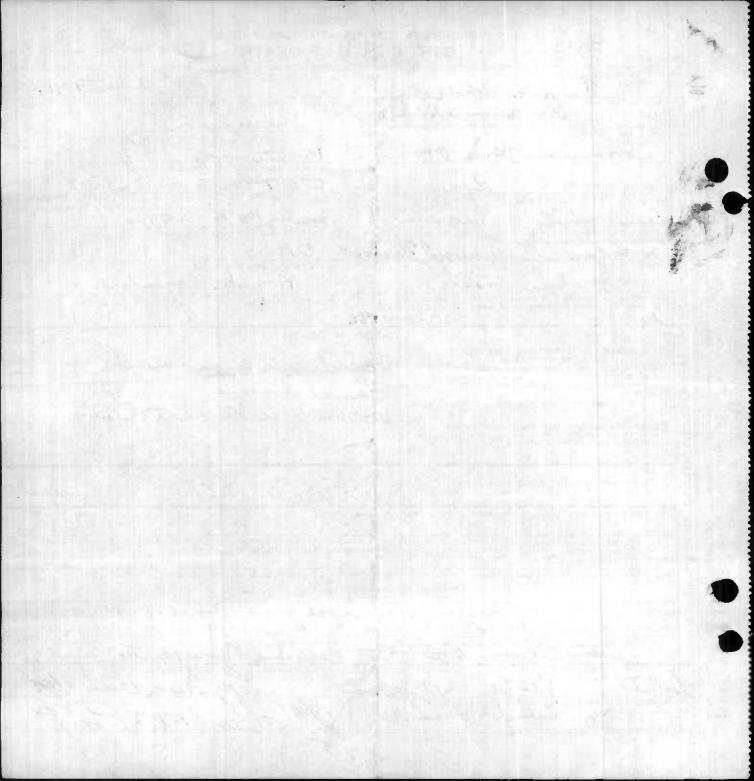
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Registered No 2. DATE DEATH AUG 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) HIGHWA 9. AGE (In years If Under 1 Year H Under 24 liours last birthday) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY? NTERVAL BETWEEN ONSET AND OFATH 20. AUTOPSY (If in Baltimore City, give exact location) 9, 1950, that I last saw the 23c. DATE SIGNED 406 101950 24D, LOCATION ADDRESS

VS 150



Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ully supplied. DEATH 3. USUAL RESIDENCE (Where deceased lived of institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Mary STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RERAL and give INSTITUTION (If rural, give location Mos. 304 c. Length of stay in Baltimore Zast Days 9. AGE (In years | fl Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORGED (Specify) muary 10, 1876 shoul carrie 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF A. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? information nomina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nerce dogoso 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 21371075566 NTERVAL BETWEEN CAUSE OF DEATH 420.0 ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH six Condis- vascu (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) .. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE gust 10, 1950 that I last saw the 22. I hereby certify that I attended the deceased from Ouglet 7, 1950 to C deceased alive on Organio, 1950 and that death occurred at 12 7.m., from the causes and on the date stated above. morn m. Cliftmo 23B. ADDRESS luna. 24a. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF COMETERY OR CREMATORY ma DATE RECEIVED BY 25. FUNERAL DIR REGISTRAR'S SIGNATURE LOCAL REGISTRAR huntreator // Medicale 1950 VS 150



ADDRESS INTERVAL BETWEEN ONSET AND OEATH 20. AUTOPSY? NO (If in Baltimore City, give exact location) e deceased from 7.24 1950, to 8.9. , 1950, that I last saw the , and that death occurred at 1235 a.m., from the causes and on the date stated above. , 1900, that I last saw the DATE SIGNED LOCATION (City, town, or county, ADDRESS 69099

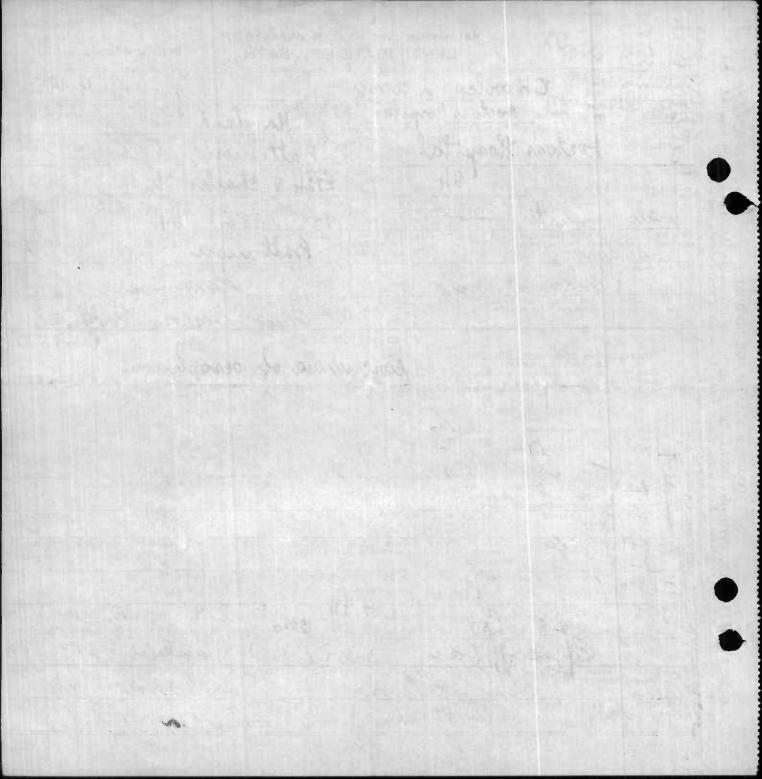
before admission)

If Under 1 Year

12. CITIZEN OF

WHAT COUNTRY?

township



PLEASE

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20. AUTOPSY (If in Baltimore City, give exact location) 21F, HOW DID INJURY OCCUR? , 19 56, that I last saw the WAT m., from the causes and on the date stated above. 23c. DATE SIGNED 8-11-50 LOCATION (City, town, or county) ADDRESS

before admission)

ff Huder 24 Hours

If Under 1 Year

ADDRESS

KRISTERTANI

12. CITIZEN OF

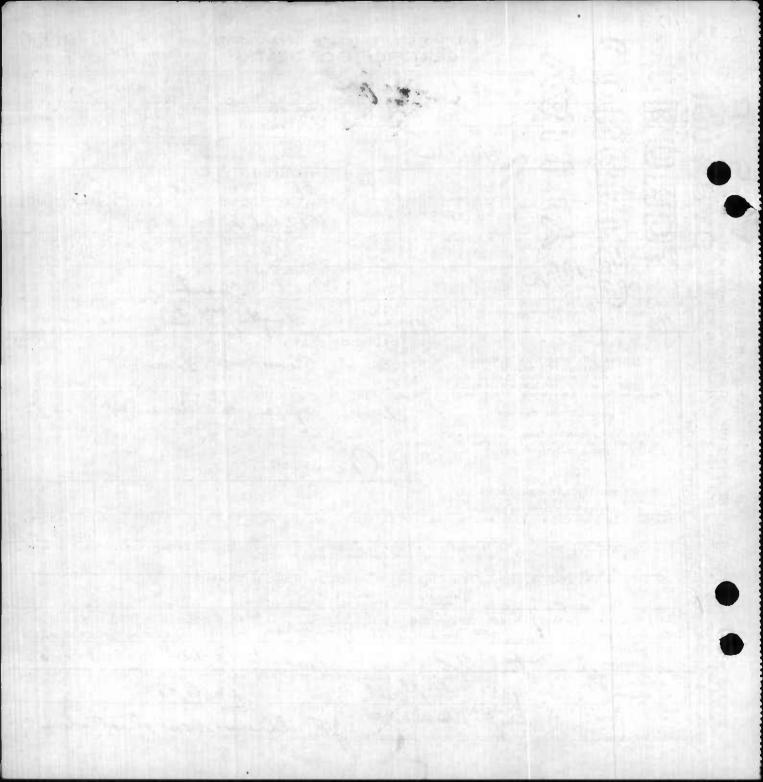
WHAT COUNTRY

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MARGIN RESERVED FOR BIN	PLEASE WR. PLA Y, WITH UNFADING INK. Every item of	Physicians: n
	Y, WITH	mportant.
	VTd /	specially
	WR.	age is
	PLEASE	correct.

	(20.3)	E CITY HEALTH DEPARTMEN	Registered No. 6951
	1. NAME OF DECEMBED (Type or Print) Thomas B Stido	4-	2. DATE OF DEATH aug 9-1950
	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE M	(Where deceased lived. institution; residence B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give s HOSPITAL OR INSTITUTION 350/ Elm Over		alf outside corporate hunts, write RVRAL and give
	c. Length of stay in Baltimore Life	Yrs. D. STREET ADDRESS Days	
	Male Afrile Widowed Divo	DRCED (Specify) 8. DATE OF BIRTH	9. AGE (In years   H Under I Year   H Under 24 Hours   Months Days   Hours   Min.
7	10A. USUAL OCCUPATION (Givekind of the KIND OF BUS ork done during feel of working life from if retired) Ten. N.	RINDUSTRY Md	434 COUNTRY?
	Benjiman Foliad	d. Mary &	owling
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES (16. SOC Yes, no or nuknown) (1f yes, give war or dates of service) SEC	CURITY NO. 17. INFORMANT	with 8615 Pleasant
	18. 470.0	CAUSE OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	a, arlanosdorol	ec Heart Disease 2 yra.
	ANTECEDENT CAUSES	, nephroseler	esis 6 mos
	UNDERLYING CONDITION LAST.	то (	
	<u> </u>	Joneralized	arteriosdonois ?
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Wenia.	
	19a. DATE OF OPERATION   19B. MAJOR FINDIN	IGS OF OPERATION	20. AUTOPSY?
	HOMICIDE (Specify) about home, farm, factory	NJURY (e. g., in or , atreet, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJU OF INJURY m. WHILE AT	URY OCCURRED 21F, HOW DID INJU	RY OCCUR?
	22. I hereby certify that I attended the decease	d from 8 - 5 - , 1950, to	8 - 9 - , 1950 that I last saw the
	deceased alive on 8 - 9 -, 19 50, and that 23A. SIGNATURE	t death occurred at a sm. Tron	23c. DATE SIGNED
	TION REMOVAL (Specify)	ME OF CEMETERY OR CREMATORY 240	LOCATION (City, town, or county) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Hand I Se	
	VS 150	ry con	1210

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)	CERTIFICAT	EALTH DEI ANTMENT	0 6952
1.	NAME OF DECEASED	2. DATE OF DEATH U	ug 9-50
A.	Baltimore City, Maryland  FULL NAME OF (If not in hospital first intion, give street address of	A. STATE MA B. COUNTY	before admission)
IN		1 Sallinge	nits, write RURAL and give township)
	Length of stay in Baltipgore A 42 Mos. Days	8/0 W36 St.	
3.	Male Thile WIDGWED, DIVERCED (Specify	Dec 13 1877   last birthday)	Months Days Hours Min.
R	Drug Sakesman Label INOUSTRY	md (	12. CITIZEN OF WHAT COUNTRY
	peeph R Knight.	Margaret Kuntorn	
15 Yes	WAS JECEASED EVER IN U. S. ARMED FOROAS? , nd or mknown (If yes, give war or dates of service)  SECURITY NO.	nan Lel Strucht	f14W361
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	restansive C.V. Dis	INTERVAL BETWEEN
S	ANTECEDENT CAUSES  (B)		
E	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED		
ار	194. OATE OF OPERATION   198. MAJOR FINDINGS OF OPER		20. AUTOPSY?
VEDI			y, give exact location)
-	OF INJURY		
		erred at O I m., from the couses and or	
	Thereto, Harring M.D.	4037 Fall (0.	23c. OATE SIGNED
TIC	NAME OF CEMET	Hampden Saltimos	wn, or county) (State)
	MEDICAL CERTIFICATION	CERTIFICAT  BIRTH NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital of infutition, give street address or location institution of the print of the prin	CERTIFICATE OF DEATH  Registered  CType or Print)  2. DATE DEATH  A Baltimore City, Maryland  S. PLACE OF DEATH  B. Baltimore City, Maryland  S. PLACE OF DEATH  B. Baltimore City, Maryland  S. PLACE OF DEATH  B. Baltimore City, Maryland  S. PLALE OF DEATH  B. Baltimore City, Maryland  S. PLALE OF DEATH  B. Baltimore City, Maryland  S. PLALE OF DEATH  B. Baltimore City, Maryland  S. PLACE OF DEATH  B. Baltimore City, Maryland  C. Length of stay in Baltipopre  S. S. Mos.  S. PLACE OF DEATH  B. Baltimore City, Maryland  S. DATE OF BIRTH  S. ACE In year DATE  S. DATE OF BIRTH  S. ACE In year DATE  S. DATE OF BIRTH  S. ACE In year DATE  S. DATE OF BIRTH  S. ACE In year DATE  S. DATE OF BIRTH  S. ACE In year DATE  S. DATE OF BIRTH  S. ACE In year DATE  S. DATE OF BIRTH  S. ACE In year DATE  S. DATE OF BIRTH  S. ACE In year DATE  S. DATE OF BIRTH  S. ACE In year DATE  S. DATE OF BIRTH  S. ACE IN YEAR DATE  S. DATE OF BIRTH  S. ACE IN YEAR DATE  S. DATE OF BIRTH  S. ACE IN YEAR DATE  S. DATE OF BIRTH  S. DATE OF BIRTH  S. DATE OF BIRTH  S. DATE OF BIRTH  S. DATE OF

20. AUTOPSY? YES L City, give exact location) , 195, That I last saw the d on the date stated above. 23c. OATE SIGNED y, town, or county)/ (State) Hothigter Williams, 14 Frank W Serty 814 H 36 S.

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(1)(1)(1)(1)(1)	TIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	NT 50 6953 Registered No
1. NAME OF DECEASED (Type or Print) Malalda M	De Pietro	2. DATE OF DEATH Qua 9 30
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or instituting the content of the content	ion, give street address or	(Where deceased lived, If institution: hysidenee B. COUNTY before admission
INSTITUTION JOHNS HOPKINS HOSPITA	Vrs. O. STREET ADDRESS	(If outside corporate limits, write AURAL and give township
c. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE 7. SINGLE	Mos.	9. AGE (In years   11 Under 1 Year   17 Under 24 Hour
Hemale White Widow	VED, DIVORCED (Specify)  10-27-26  OF BUSINESS OR  11. BIRTHPUACE (State	last birthday) Months Days Hours Min
work does during most of working life, even if retired)	Iome Industry Italy 14. Mother's Maiden	WHAT COUNTRY USA
John Massetti  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uoknown)   (If yes, give war or dates of service)	Armida Pi	ADDRESS
No	None SECURITY NO.	INS MOSPIT!
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease in jury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.  U  T  OTHER SIGNIFICANT CONDITIONS CON	(B)	dethus -
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DESEASE OR CONDITION CAUSING IT	0	
19A. DATE OF OPERATION   19B. MAJOR	FINDINGS OF OPERATION	20. AUTOPSY?
LYING OR CONTRIBUTING about home, fe	CE OF INJURY (e. g., io or arm, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
OF INJURY	21E. INJURY OCCURRED 21F, HOW DID INJ	
22. I hereby certify that I attended the deceased alive on 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	deceased from Qua 7, 03437 to and that death occurred at 10 2 m., from 23B. ADDRESS	m the tauses and on the date stated above
24A. BURIAL, CREMA-1 24B, DATE 12	M. D. MANY HAPPING	
Burial 8/12/50	Holy Redeemer Cemetery	Baltimore Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE AUG 1 1 1950	liance, Mile My O. Teckner	or ADDRESS Wifour Inc Bella Mid
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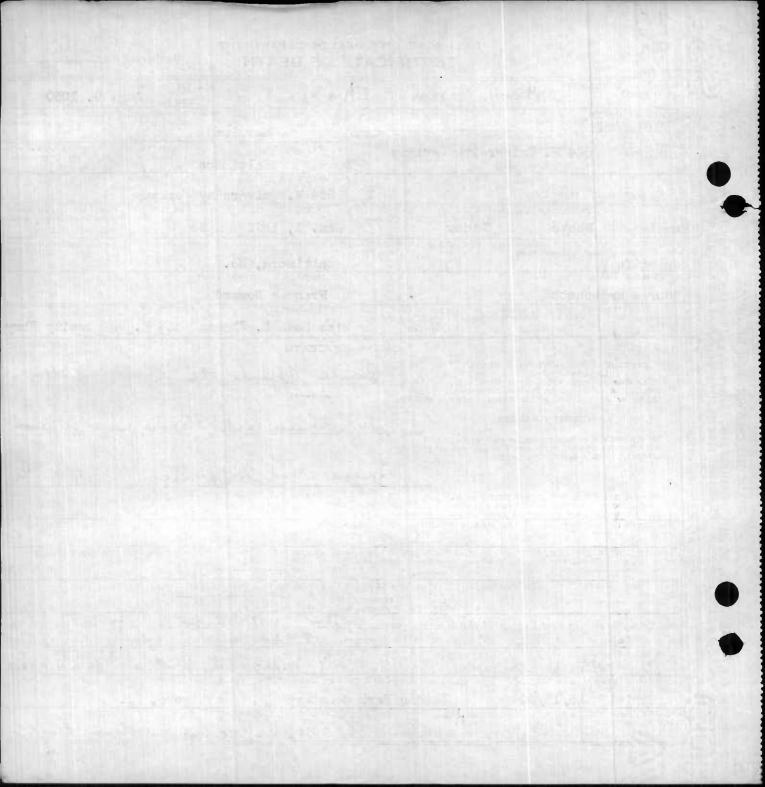
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## BALTIMORE CITY HEALTH DEPARTMENT

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Registered	No	000.5

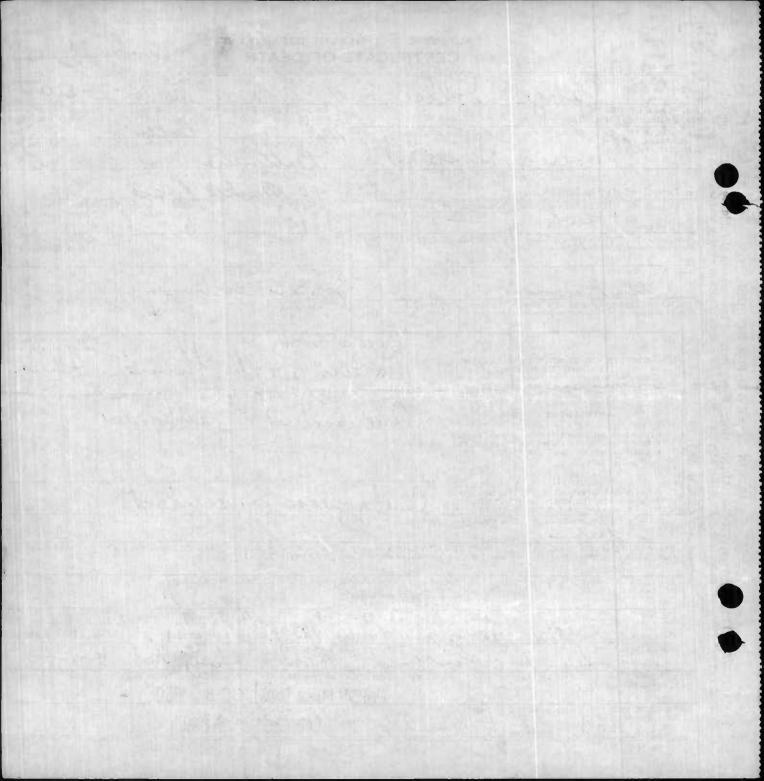
The	ВІ	RTH NO.			CERTIFICA	\TE	OF DEATH Registe	red No
		NAME OF D ype or Print)	ECEASED Ma	ry t	=mma -	Th	O M C S 2. DATE OF DEATH	Aug. 9, 1950
supplied	3. PLACE OF DEATH:  A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased live. A. STATE B. COUNTY	
lly su	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 564 W. University Parkway						Maryland c. CITY OR TOWN (If outside corporate Baltimore	elimit), write UUR/L and give township)
04 70	4					rs.	D. STREET ADDRESS (If rural, give location	
ca leg			tay in Baltimore		D	ays	564 W. University Parkwa	
should bearly and	F	emale	6.COLOR OR RACE Whote	Widow	E, MARRIED, VED, DIVORCED (Spe OW	ecify)	Jan. 1, 1862 9. AGE (In year last birthda)	Months Days Hours Min.
on sho	H	ousewife	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OF INDUS		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?
atic th	13	FATHER'S	NAME				14. MOTHER'S MAIDEN NAME	
rm		George P	ritchett				Frances Seward	
y item of information the causes of death cl	15 (Yes	No or unknown)	D EVER IN U. S. ARMEI (If yee, give war or date	FORCES?	SECURITY NO NONE	0 1	17. INFORMANT IISS Rose L. Thomas 564 W	ADDRESS University Pkwy
m o		18. JJ	0.0		CAUS		OF DEATH	INTERVAL BETWEEN DNSET AND DEATH
Every ite write the		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						
INK.	MOIT	RISE TO 1	ANTECEDENT CAUS S OR CONDITIONS, I THE ABDVE CAUSE (A) YING CONDITION LA	F ANY, GIVII STATING T	NG HE DUE TO	yp	estensive antes Vocaber	Dine 20 years
IN ans:	IC/				m	w.	cardial Infanction	4 months
UNFADING Physicians:	CERTIF	TRIBUTIN	II  SIGNIFICANT CONDI  S TO THE DEATH, BUT  DISEASE OR CONDITION	NDT RELAT	N- ED	0		
	AL	19A. DATE C	F OPERATION 0 1	98. MAJOR	FINDINGS OF O	PERA	ATION	20. AUTOPSY?
Y, WITH important.	EDIC	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)	218. PL	ACE OF INJURY (e	g., in oldg., et		City, give exact location)
	M	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCL	HILE	21F. HOW DID INJURY OCCUR?	
PLA especiall		22. I hereb	y certify that I att	ended the	deceased from_	00	red at 5 3 Arm., from the causes and	1950, that I last saw the
PLEASE WR.		N. SIGNA	rotton Hers	erge	<i>у</i> м. о.	. 23	214 Medial art Bulli	23c. DATE SIGNED
ASE ct a	TIC	on REMOVAL (S Buria	pecify)	0	Loudon Par			V
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The	81	50 6955 BALTIMORE CITY HE CERTIFICATI	E OF DEATH	Registered No. 6955
		NAME OF DECEASED  ype or Print)  Slorae Wells		DATE OF DEATH 8-1-50
ılly supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	re deceased lived. If institution; residence B. COUNTY before admission)
hilly s	H	OSPITAL OR STITUTION HULLIN HOLDING	77722	side corporate limits, write RURAL and give township)
egibi	c.	Yrs.  Mos. Days	D. STREET ADDRESS (If run	al, give location)
and bu		SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9	AGE (In years II Under I Year II Under 24 Hours last birthday) Months Days Hours Min.
n should learly a	10 work	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign	gn country) 12. CITIZEN OF WHAT COUNTRY?
NG rmation should be death clearly and	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E
R BINDING em of information causes of death cl	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  a, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
MARGIN RESERVED FOR UNFADING INK, Every item Physicians: please write the car	ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Thia doea not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	iac arrhy	Hima 4 hrs.
tri .	U	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	• • • • • • • • • • • • • • • • • • • •	20. AUTOPSY?
LY, WITH important.	EDICAL	21A. ACCIDENT. SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., i		NO N
	M	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY  while at Not while at work		CCUR?
PL especia			rred at 7.30 p.m., from the	, 195, That I last saw the causes and on the date stated above.
WP ge is	3/	-towler J. While M. D.	RY OR CREMATORY 24D. LOC.	23c. DATE SIGNED 8-1-50 MION (City, town, or county) (State)
PLEASE WE correct age is		ON, REMOVAL (Specify)	MY MEDICAL SCHOOL AUG 8	1950
PLI	L	ATE RECEIVED BY REGISTRAR'S SIGNATURE  OCAL REGISTRAR  IIG 1 1950	25. FUNERAL DIRECTOR COMMISCIONER OF H	ADDRESS
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N

1. NAME OF DECEASED 2. DATE Bessie Jones July (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STA Waryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City HOSPITAL gocation) INSTITUTION 4940 Eastern Avenue C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore Yrs. o. STREET ADDRESS (If rural, give location) 905 Hillen Street 46 Yrs Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last hirthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) Famale Negro 25. 1890 IOA. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY? Louisiana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jerome Brown Bessie Anderson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore CityPN65pitals (Yes, no or unknown) SECURITY NO. Records\* CAUSE OF DEATH INTERVAL BETWEEN 20,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia 7-19-50 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES morerthan 1 yr Arteriosclerotic Heart Disease OIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) RTII 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш Decubitus Ulcers 3 Months TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION DICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK July 7 1950 to 22. I hereby certify that I attended the deceased from deceased alive on July 20 19 50, and that death occurred at 3:00AM, from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-248. DATE 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR TION, REMOVAL (Specify)

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNARURE

Turtington / Misself, 163

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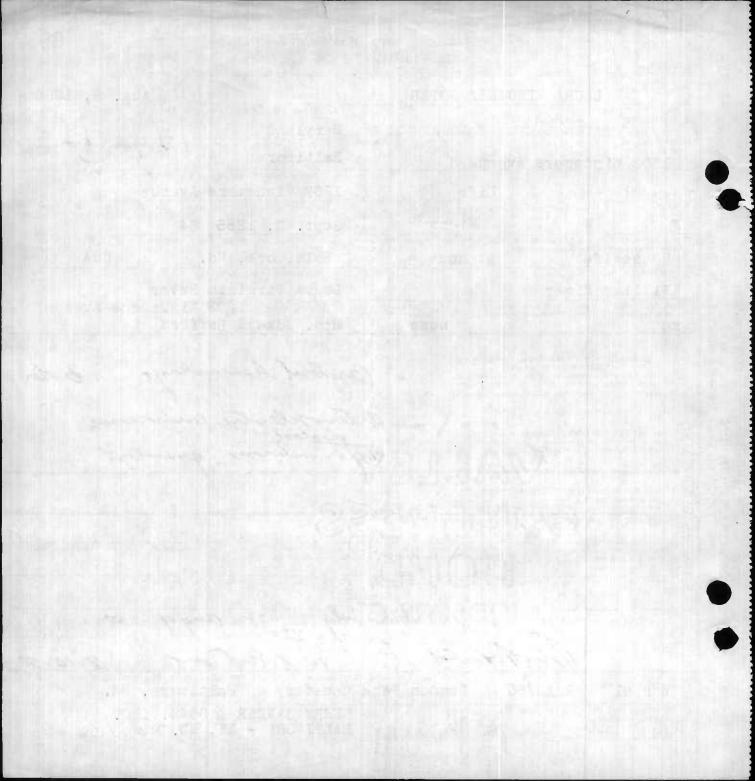
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10 695	1	DAL	CERTIFICAT	E OF DEATH	Registered	1 No	0001
BIRTH NO.							
1. NAME OF E (Type or Print)	LAURA VIRO	INIA :	ROPER		2. DATE OF DEATH AU	g. 9, 1	1950
	City, Maryland			4. USUAL RESIDENCE (V		If institution	
B. FULL NAME HOSPITAL OR INSTITUTION			on, give street address or location)		outside corporate li	mits, write RU	RAL and giv township
1202 A	Windemere Av	enue	XI.	D. STREET ADDRESS (If			
c. Length of	stay in Baltimore	Life	Yrs. Mos. Days	1202 Windemer			
5. SEX	6. COLOR OR RACE		. MARRIED. ED, DIVORCED (Specify)	Sept. 2, 1885	9. AGE (In years last birthday)		Hours Mir
10A. USUAL OC	CCUPATION (Give kind of )		OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZ	FN OF
Housev	of working life, even if retired)	at h	INDUSTRY			USAHA	T COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME		
	am Nizer			Laura Virgini			
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO. <b>none</b>	Mrs. Edward B		rædåver	nue
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	G TO THE DEATH, BUT DISEASE OR CONDITION						
CAL	0		FINDINGS OF OPER		If in Baltimore Cit	YES	NO D
A 21A. ACCIL	DENT WAS UNDER- PR CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		ii in baitimore Cit,	y, give exact	location;
21D. TIME OF INJURY	(Month) (Day) (Year)		Z1E. INJURY OCCURR WHILE AT WORK		Y OCCUR?		
	4 plus 9	1950 d	and that death deur	red at 22 Pm., from t 23B. ADDRESS 44 7 EA ERY OR CREMATORY 24D. L	he lauses and or OCATION (City, to ltimore,	the date s	tated abov ATE SIGNED 10-50
DATE RECEIVE	ED BY   REGISTRAR	S SIGNATU	RE	HENRY SANDER & BALTIMORE - 13	SONS, IN		suler.

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## DALTIMODE CITY HEALTH DEDARTMENT

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BIRTH NO.	)	CERTIFICAT	E OF DEATH	Registered No	
1. NAME OF D (Type or Print)	IDA V.	TANKERSLEY	iita liine l	2. DATE OF DEATH AUG.	9, 1950
3. PLACE OF D	EATH: City, Maryland		4. USUAL RESIDENCE (Wh		
B. FULL NAME HOSPITAL OR INSTITUTION			c. CITY OR TOWN (If or Baltimore	utside corpotate limits.	
		Yrs. Mos.	D. STREET ADDRESS (If ru		
c. Length of s	tay in Baltimore	7. SINGLE, MARRIED,		ord Avenue 9. AGE (In years) If U	nder I Year   If Under 24 Hours
T	W	Married (Specify)		last birthday) Mont	hs Days Houre Min.
10A. USUAL OC	CUPATION (Give kind of	1 108 KIND OF BUSINESS OR	Aug. 17 1870	eign country) 1	2. CITIZEN OF
House	of working life, even if retired	at home	Virginia		USA
13. FATHER'S		a nome	14. MOTHER'S MAIDEN NAM	ME.	ODA
Henry	L. Collin	3	Evelyn Burris		
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	Mrinfoon W. Tar 705 N. Montford	nkersley ADI	DRESS
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OTHER S	BIGNIFICANT COND TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
	OF OPERATION	19B. MAJOR FINDINGS OF OPER	RATION		YES NO
= 21A. ACCIE	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		in Baltimore City, giv	ve exact location)
210. TIME OF INJURY	(Month) (Day) (Year	(Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE  MORK AT WORK		OCCUR?	)
22. I hereby certify that I attended the deceased from				upst 8, 19	that I last saw th
23A. SIGNA			erred atm., from the	e Causes and on the	date stated above 23c. DATE SIGNED
24A. BURIAL, TION, REMOVAL (	CREMA- 24B. DATE	24C. NAME OF CEMETE	ERY OR CREMATORY 240. LO	CATION (City, town, o	r county) / (State)
buria		2/50 Moreland Me	morial Cem. Balt	timore, wd.	
DATE RECEIVE	D BY   REGISTRAR	'S SIGNATURE	HENRY SANDER &	SONS, INC.	Marker

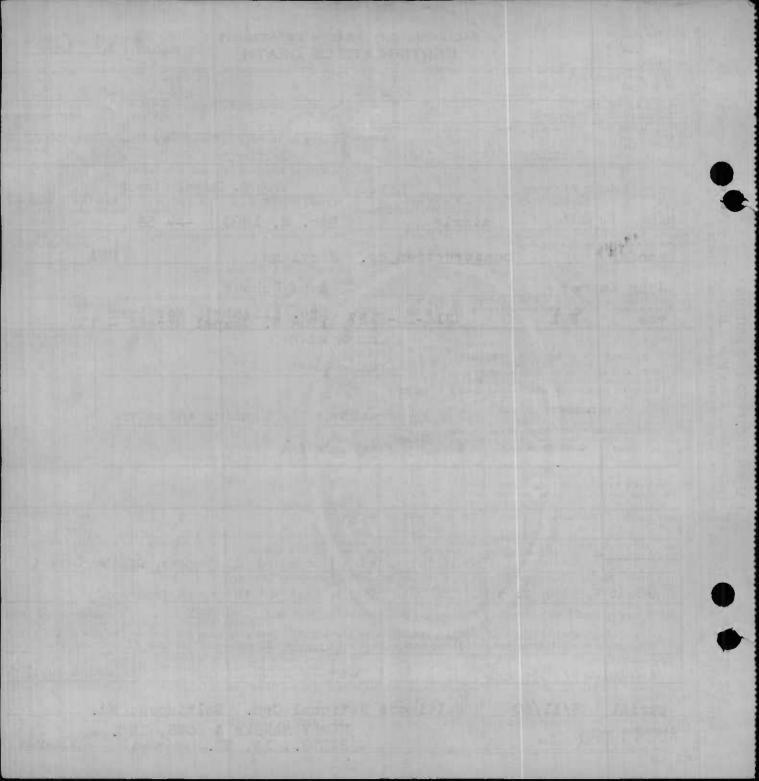
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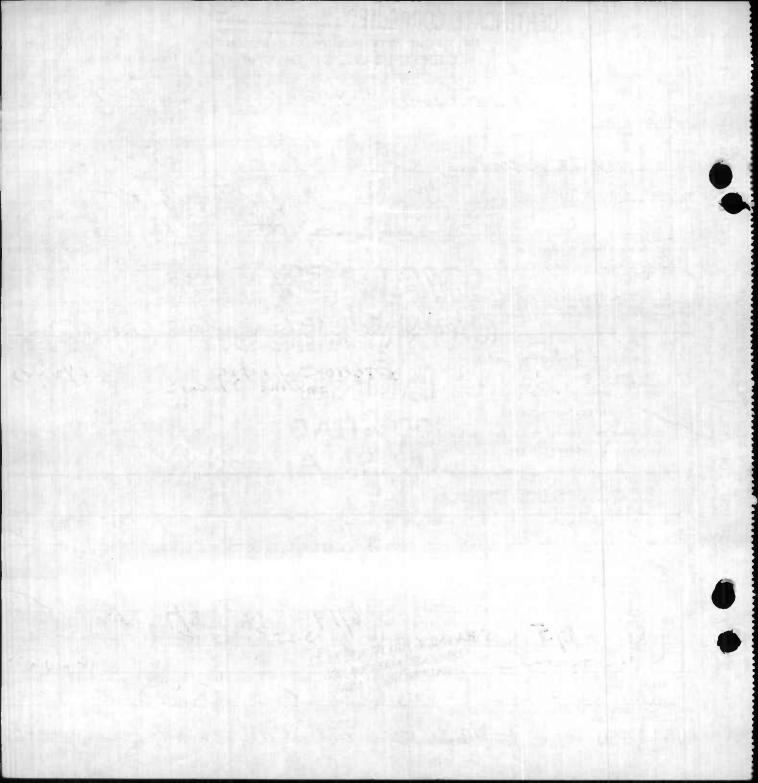
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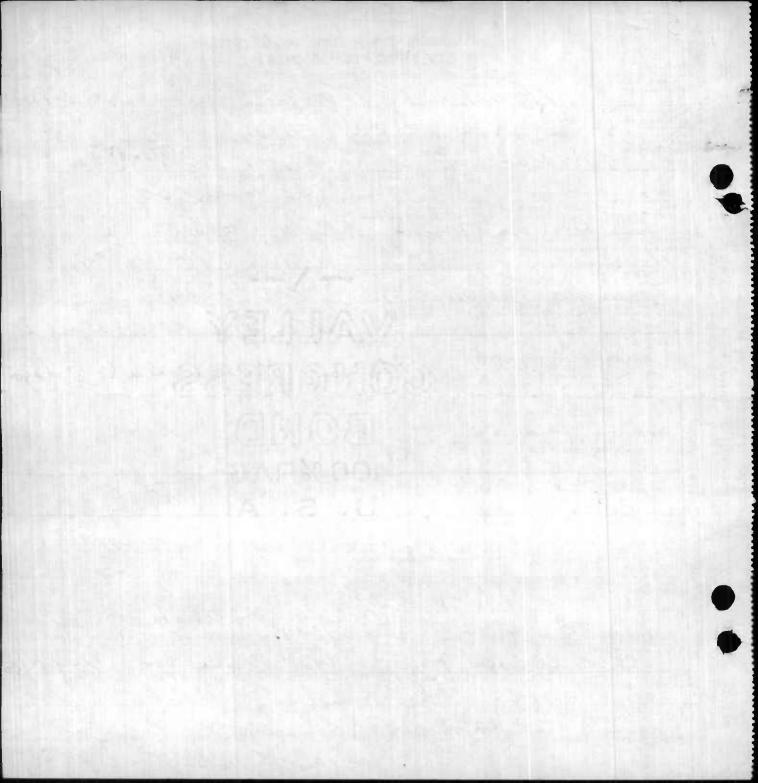
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50 6950 CERTIFICAT		0 6960		
1. NAME OF DECEASED (Type or Print)	Areasia 2. DATE &-	7-57)		
3. PLACE OF DEATH: A. Baltimore City, Maryland		stitution : residence before admission		
HOSPITAL OR docation				
1028 Sterling St	D STREET ADDRESS (IEvural vive location)	township		
c. Length of stay in Baltimore Mos.	1028 Stirles St	-		
m C WIDOWED, DIVORCED (Specify		ths Days Hours Min.		
	11. BRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVEN BY A ARMED FORCES? 16. SOCIAL	17. INFORMANT ADI	DRESS/ ·		
218-10-22-67	2 Thelma Staten 102	Attaline INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication, which caused death)				
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OTHER SIGNIFICANT CONDITIONS CON-		1521 41		
TO THE DISEASE OR CONDITION CAUSING IT.	RATION	20, AUTOPSY?		
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OF INJURY WHILE AT NOT WHILE				
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23A. SIGNATURE 1500 FACTOR 150	rred at 3.25 m., from the causes and on the	ZOC. DATE STORED		
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OR FEMELT	ERY OR CREMATORY 24D. LOCATION (City, town, or	r county) (State)		
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AUC 1 1050 - A - MILE	Manie W. Wright - 721	Mogunta		
vs 150	20	930		
	BRALTIMORE CITY FOR CERTIFICAT  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of hospital Continuous of the continuous	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  Registered No.  1. NAME OF DECEASED (Type of Point) 3. PLACE OF DEATH 8. Baltimore City, Maryland 9. FULL NAME OF (If not in begins or institution, give sireet saddress of coation) 1. NAME OF DEATH 9. FULL NAME OF (If not in begins or institution, give sireet saddress of coation) 1. NAME OF OFTEN O		



W	522 0_6961	BALTIMORE CITY HI	EALTH DEPARTMENT E OF DEATH	50 Registered No.	6961
ed. The	1. NAME OF DECEASED (Type or Print)	Therine ?	Vonquet	2. DATE OF DEATH Au	9.10-1950
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or in HOSPITAL OR	nstitution, give street address or	4. USUAL RESIDENCE (V		titution: residence before admission
ully y.	INSTITUTION 538 Bake	location)	Balto.	outside corporate limits, w	township
b ye		Mos. Days	538 Bak	9. AGE (in years) If Under	er I Year   If Under 24 House
should early an	t C.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	last birthday) Month 33 preign country)   12	. CITIZEN OF
ation ath cle	13. FATHER'S NAME	INDUSTRY	14. MOTHER'S MAIDEN N	Pt. Md.	MAT COUNTRY
BINDING of information uses of death cle	15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of ser	16. SOCIAL SECURITY NO.	17. INFORMANT	homico	RESS
R BI em of cause	18. 490 X DISEASE OR CONDITION DIRE		OF DEATH	rald, 538 B	INTERVAL BETWEEN
tria H	LEADING TO DEATH  (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	ng, e.g., (A) Jol	av Pnen	mma	2 days.
RESERVED INK, Ever please write	Z DISEASES OR CONDITIONS, IF ANY	(B)			
75	RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.				
MA NF hys	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT INTO THE DISEASE OR CONDITION CAUSE	RELATED			
t. P		AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
LY, WITH	21A. ACCIDENT WAS UNDER- 21	B. PLACE OF INJURY (e. g., in t home, farm, factory, street, office bldg., c		f in Baltimore City, give	exact location)
	210. TIME (Month) (Day) (Year) (Hou OF INJURY	m. WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
PI especia	22. I hereby certify that I attende deceased alive on	300 and that death occur	red and m., from to	the causes and on the c	date stated above
PLEASE WR correct age is	24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	1 Trey M. D. 24C. NAME OF CEMETE	38. ADDRESS 1928 Peru RY OR GREMATORY 240. LO	DCATION (City, town, or	DATE SIGNED  County (State)
PLEAS	03. 8-14-50	Ma Galina	25. FUNERAL DIRECTOR	l.a.6s.	Md.
1	AUG 1 1 1950 Thursting 14	Thians, Ma	Samuel W.	Cullwar.	Ine 108

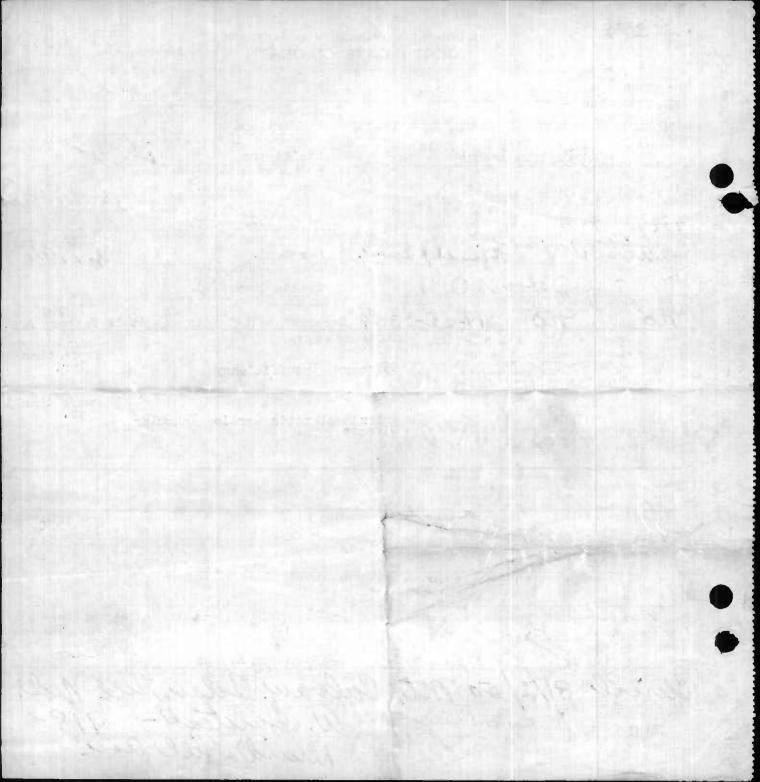


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50 6962
BIRTH NO.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

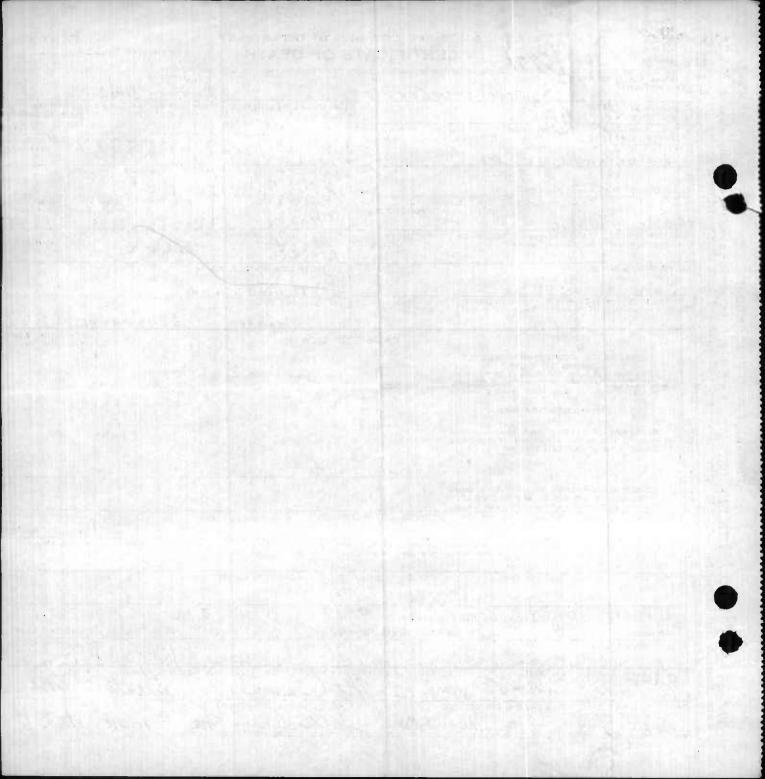
Registered No.

	NAME OF DECEASED  ype or Print) Charles William Snowden	2. DATE OF DEATH 8	-7-50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland	
	Baltimore City Hospitals 4940 Eastern Avenue	c. CITY OR TOWN (If outside corporate li	nits, walte RUKAL and give township)
-	Yrs.	D. STREET ADDRESS (If rural, give location)	
C.	Length of stay in Baltimore Life Mos. Days	Homeless (B.C.H.)	
5.	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	B. DATE OF BIRTH 9. AGE (in years	If Under 1 Year   If Under 24 Hours Months: Daya   Hours   Min.
]	Male Negro Wid. Wide (Specify)	June 5, 1877 73	Months Days Hours Min.
16	A. USUAL OCCUPATION (Give kind of 10 p. KIND OF BUSINESS OR COMPANY OF King life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
1	Alle Threndly Dun.	Maryland	U. X. W.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Regen Snowden (D)	Iverta Grays (D)	
15 Y	MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS 4940
		Records* Balto. City Hospit	als Eastern Ave.
		OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		more than
h	(This does not mean the mode of dying, e.g., (A) Corons	ry Insufficiency	lyr.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	8	
	ANTECEDENT CAUSES		more than 1
Z	(B) Arteri	osclerotic Cardioc Vascular	yr.
0	DISEASES OR CONDITIONS, IF ANY, GIVING PISEASES OR CONDITIONS, IF ANY, GIVING THE DUE TO	6	
AT	UNDERLYING CONDITION LAST.		
FIC			
RTIFICA	OTHER SIGNIFICANT CONDITIONS CON-		
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
U.	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
AL			YES NO ONO
EDICA	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	or 21C. WHERE DID (If in Baltimore City tc.) INJURY OCCUR?	y, give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	2 IF. HOW DID INJURY OCCUR?	
	OF INJURY  WHILE AT NOT WHILE  TO NOT WHILE  AT WORK		
		6-12 , 1950, to 8-7 , 19	50 41-4 11-4 41-
	22. I hereby certify that I attended the deceased from deceased alive on 9-7, 19 and that death occur	red at 2:40m, from the causes and on	the date stated above
И		3B. ADDRESS	23c. DATE SIGNED
	M. (183en_M.D.)	4940 Eastern Avenue	8-8-50
7	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMPTER A. REMODAL (Specify)	EVALL CLEATION (City to	ell N.D.
	ATE RECEIVED BY REGISTRAN'S SIGNATURE	25 FONERAL BRECTOR TO N -	ADDRESS 018-
	AUG I 1950 A	w. affacteur	7/0
	VS 150	(Denied) 2408) (A	we and



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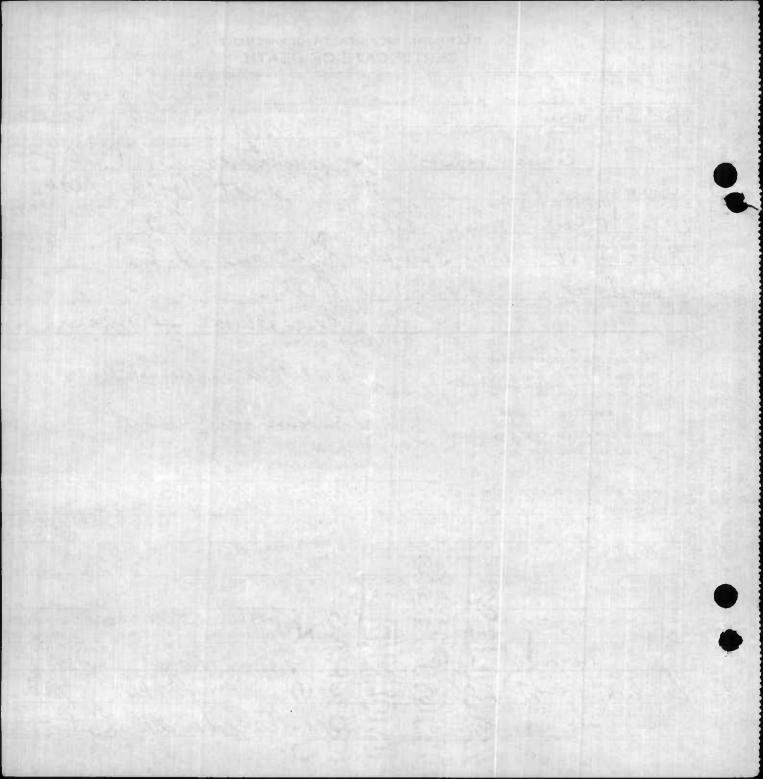
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	1RTH No. 83	50-168			E OF DEATH	Registered No	0
1.	NAME OF DI	- 1	GirlLe	cener		2. DATE OF DEATH	50
A		ity, Maryland			4. USUAL RESIDENCE (		nstitution; residence before admission)
H	FULL NAME ( OSPITAL OR NSTITUTION	OF (If not in hosp	oital or institution	on, give street address or location)		If outside corporated wits,	write BORAL and give township)
-	LuThe	ran Hospo	f md	Yrs.	D. STREET ADDRESS (I	f rural, give location)	20
C	Length of st	ay in Baltimore		Mos. Days	2846 Garri	· DI 1	
1)	emale	White		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) # U	ths Days Hours Min.
10	DA. USUAL OC	CUPATION (Give kind f working life, even if retire	of IOB, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNTRY?
1;	S. FATHER'S N	AME Less 7			14. MOTHER'S MAIDEN N		
1 (Y	5. WAS DECEASE	D EVER IN U. S. ARM (If yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
L				32001111,10	mother	2846 Fa	rrison Blud
	(This does heart failu injury or	E OR CONDITION LEADING TO DE not mean the mode re, asthenia, etc. It m complication which	ATH of dying, e. g eans the disease caused death.	, (A) Co	of DEATH  The top A	nomely	INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	RISE TO T	OR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION	A) STATING TH				
ERI		IGNIFICANT CON					
AL C	19A. DATE O	FOPERATION		FINDINGS OF OPER			20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		CE OF INJURY (e. g., irm, factory, street, office bldg.,		(If in Baltimore City, gi	
Σ	21D. TIME ( OF INJURY	Month) (Day) (Yea		THILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?	
2	deceased al	URE		and that death occu	rred at / 1959 to m., from 23B ADDRESS  ERY ON CREMATORY 24D.		PARTE SIGNED
2	BURIAL, CON REMOVAL (S	2 8-11	- VO V	Lebrew //	t Carunal  26. FUNERAL PRECTOR	Batte	ADDRESS D
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B	IRTH NO.	CLICIT	TOATI	- OI BEATTI		
	NAME OF DECEASED	1	01		2. DATE OF	
1	0	1dney	51	um	DEATH &	-10-50
	. PLACE OF DEATH: Baltimore City, Maryland	9		4. USUAL RESIDENCE (	Where deceased lived. If B. COUNTY	institution: residence before admission)
		pital or institution, give stree		, ma		
	OSPITAL OR NSTITUTION		location)	C. CITY OR TOWN	If outside corporate limit	s, write RURAL and give township)
11	Sin	al Hospo		Dum	ore 1	2-0 6
1			Yrs. Mos.	D. STREET ADDRESS (I	f rural give location	(Ino
100	Length of stay in Baltimore SEX 6. COLOR OF RAC	E 7. SINGLE, MARRIED	Days	B DATE OF BIRTH	9. AGE in years	Under 1 Year   If Under 24 Hours
74	1000 hold	WIDOWED, DIVORO		DATE OF BIRTH	last Kirto ay) Mo	nths Days Hours Min.
14	A. USUAL OCCUPATION (Give kind	of 108. KIND OF BUSIN	ESS OF	11. BRTHPLACE (State or	foreign county	12 CITIZEN OF
	done during most of working life, even if retire		INDUSTRY	7,00	Toreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME	16 by Low	au	14. MOTHER'S MAIDEN N	1. C.	
	landari			Malden P	NAME	
1:	5. WAS DECEASED EVER IN U. S. ARM	ED FORCES   16 FOCIA	1	perce		
(Ye	(If yes, give war or da		RITY NO.	17 NFORMANT	Al	DDRESS
-				hore frum	0 - 0	rames
	18. / 5 3 X I		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DE		7		,	
	(This does not mean the mode heart failure, asthenia, etc. It m	e of dying, e.g., (A).		1 startaris, c	limeninoled	/
	injury or complication which					
_	ANTECEDENT CAL	USES	1	de nocamenare	2 0 0 .	
LION	DISEASES OR CONDITIONS	(B) .		ee no constitue	o cerem	
ATI	RISE TO THE ABOVE CAUSE () UNDERLYING CONDITION	A) STATING THE DUE TO				
FIC/						
RTIF	II	(C) .				
ER	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU					
U	19A. DATE OF OPERATION		OF OPER	ATION	***************************************	20. AUTØPSY?
AL	194. DATE OF OPERATION	198. MAJOR PHYDHNOS	OF OFER.	ATTON		YES NO
EDICA	21A. ACCIDENT, SUICIDE,	218. PLACE OF INJ			(If in Baltimore City, g	
	HOMICIDE (Specify)	about bome, farm, factory, stre	eet, office bldg., e	(c.) INJURY OCCUR?		
Σ	21D. TIME (Month) (Day) (Yea	r) (Hour)   21E. INJURY	OCCURRE	D 21F. HOW DID INJUR	RY OCCUR?	
	OF INJURY	WHILE AT	NOT WHILE			
	22 I homohy contifu that I a	m.   WORK		·8/2 1950 to	8/10 105	Othat I last saw the
	22. I hereby certify that I a deceased alive on \$	ttended the deceased j	anth occur			genat I last saw the ne date stated above.
	23A. SIGNATURE	, 13 and that w		3B. ADDRESS	the causes and on th	23c. DATE SIGNED
	1 Vereme	- Collec	м. р.	Lenal	Hors	8/10/50
2	AA BURIAL, CREMA 24B. DATE	249. NAMEN		RY OR CREMATORY 24b. I	LOCATION City, town,	or county) (State)
	Jureal 15-11	1-50 Well	uglo	ne	Hatto	ma
D	ATE RECEIVED BY REGISTRAL	R'S SIGNATURE	// 1	26. FUNERAL DIRECTOR		ADDRESS A
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	VS 150	1700 / 1700 stall 5 / 1/1/10	50/			1111
	17100	a military in	490	6C		46E
		the second second second second second				/



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The	10 B	005	EALTH DEPARTMENT E OF DEATH Registered No.	6965
		NAME OF DECEASED JACOB TEIN	2. DATE OF DEATH 8- //	1-50
ully supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in Mospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission)
ully s	H	DISPITAL OR JOSEPHAN (JOSEPHAN)		write KURAL and give township)
lega	C.	Length of stay in Baltimore  Yrs.  Mos.  Pers	D. STREET ADDRESS (If rural, give location)	ave
uld bu	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		der I Year hs: Days Hours Min.
on should clearly ar	1C worl	A. USUAL OCCUPATION (Give kind of k done duridg most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY
atic	13	Not Known	14. MOTHER'S MAIDEN NAME NOL KNOWES	
BINDING of inform uses of dea	15 (Ye	MAS DECEASED EVER IN U. S. ARMED FORCES?  B, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Pearl Vein - ADD	RESS
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	NOI	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	of DEATH Idio-Vasa. Disease	ONSET AND DEATH
Hd .	AL C	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Mr. WITH	MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., CAUSE OF DEATH	RED 21F. HOW DID INJURY OCCUR?	exact location)
E Prespecia		22. I hereby certify that I attended the deceased from deceased alive on 19 0, and that death occur	710 1935 to June 29, 1950,	that I last saw the
00	2.			8/11/50
PLEASE W	TIC		oung men Batto	Md Pl
		296	6A 9	3)

fully supplied.

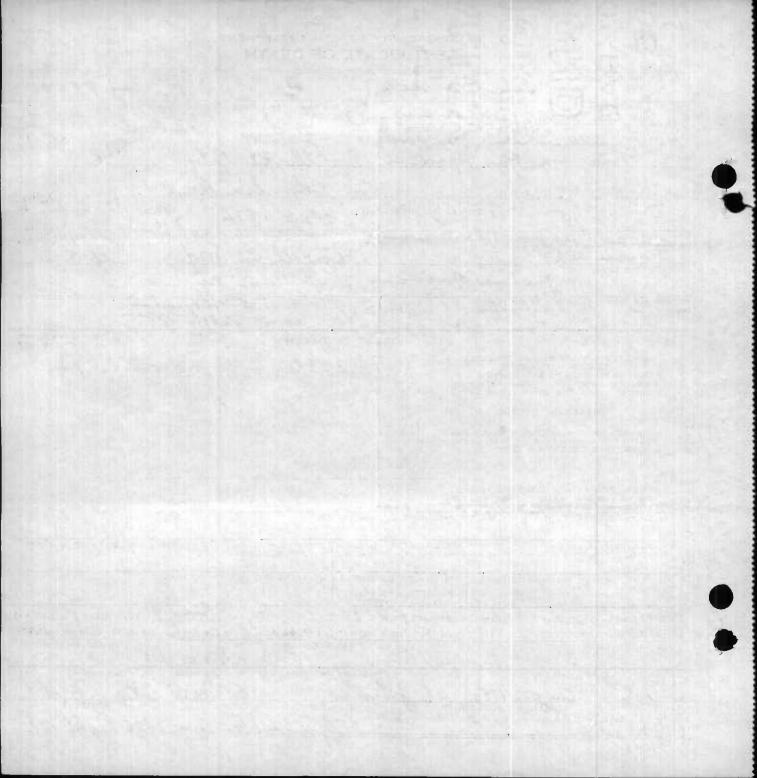
RESERVED

WITH

# BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE Ida Frause (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, of institution; residence Balli A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Howara HOSPITAL OR tlf outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days on should clearly and l 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED If Under 1 Year Il Under 24 Hours AGE (In years If Under I Year II Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) w. 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle Franservack 5.0 13. FATHER'S NAME 15. WAS DECEASED EVER IN V. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: (C) 11 OTHER SIGNIFICANT CONDITIONS CON-H TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK . 1950, to. 22. I hereby certify that I attended the deceased from. . 1950, that I last saw the deceased alive on\_ 1950, and that death occurred at 4:40 A.m., from the cayses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA- /24B. DATE 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify Ourial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAN

VS 150

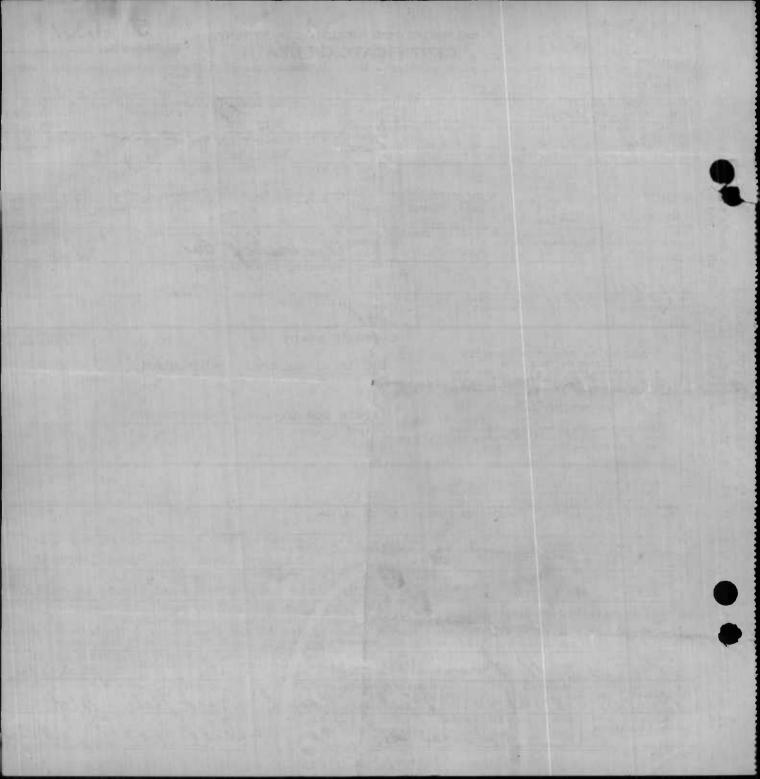


R-36 50	6967
RTH NO.	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6967

II B	CERTIFICATION.	E OF DEATH Registered No.
1	NAME OF DECEASED (Ype or Print) CHARLES REEDE	R 2. DATE OF August 9, 1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
В	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland  c. CITY OR TOWN (If outside corporate limits, write RURAL and give
	1259 Battery Avenue	Baltimore 34-03
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Days SEX   6 COLOR OR RACE   7. SINGLE, MARRIED	1259 Battery Avenue   8. DATE OF BIRTH   9. AGE (In years)   16 Under 1 Year   16 Under 24 House
	Male White WIDOWED. DIVORCED (Specify)	July 28, 1884 last birthday) Months Days Hours Mir
wor	SALESMAN TO THE TOTAL OCCUPATION (Give kind of Loos during most of working life, even if retired)  TURNING (R)	11. DIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
4	Innale Relder	Mary J. Jones
(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yos, give war or dates of service) 16. SOCIAL SECURITY NO. 213~01-1934	17, INFORMANT ADDRESS
	18. 002 X CAUSE	OF DEATH INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Rile	teral pulmonary tuberculosis
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Jerai pulmonary cuberculosis
	ANTECEDENT CAUSES	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	La due to nasal hemorrhage
OF-	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ICA	(C)	
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-	
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
AL C	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	YES X NO
DICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- about home, farm, factory, street, office bldg., t	etc.) INJURY OCCUR?
MED	UTING TO CAUSE OF DEATH. Street  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	Edmondson Avenue and Fremont Street
	of Injury 31, 1950 7:40 A.m. WHILE AT NOT WHILE AT WORK	
	22. I certify that I took charge of the remains described of	A
		Antopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated abov
	and death in my opinion resulted from: natural causes	$\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
	23A. SIGNATURE & Drineelier	23s, CHIEF MEDICAL EXAMINER
2 TI	44. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240, LOCATION (City, town, or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR, ADDRESS
	0.4 9.050 Thutwater Williams, Mill	Chas & Well 15016 Forta
限	32 151 1330 - 6 4906	G 170c

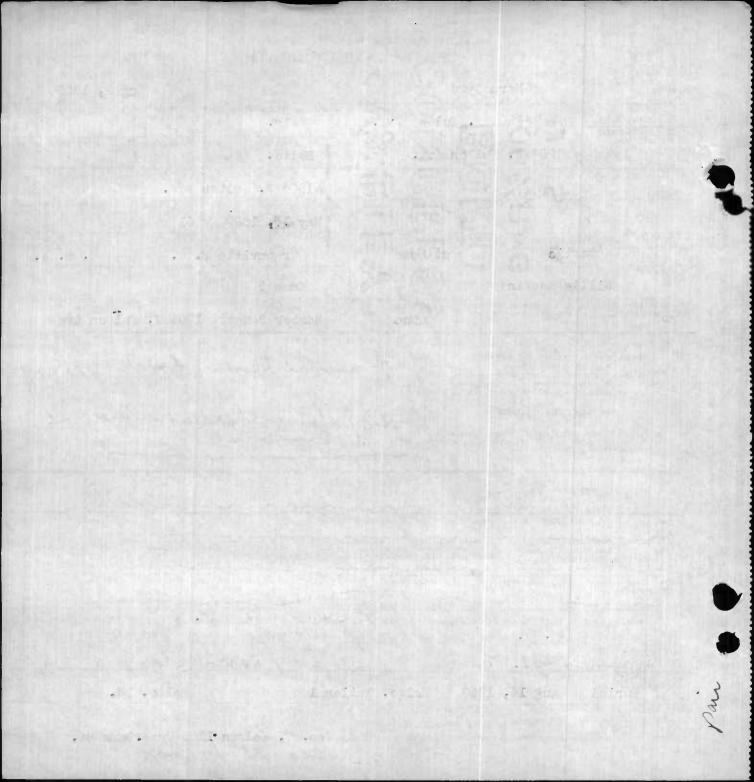


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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6958

	BIRTH NO. CERTIFICATE	E OF DEATH Registered No.
=	1. NAME OF DECEASED (Type or Print) Nora Byrd	2. DATE OF Aug 9, 1950
	3. PLACE OF DEATH:  A. Baltimore City, Maryland 1804 N. Fulton Ave.  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Md.  B. COUNTY before admission)
	HOSPITAL OR INSTITUTION 1804 N. Fulton Ave.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	c. Length of stay in Baltimore ? Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 1804 N. Fulton Ave.
	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years last birthday)  Months Days Hours Min.
	10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country)  Greenville S. C. 12. CITIZEN OF WHAT COUNTRY? U. S. A.
	13. FATHER'S NAME Willie Meekins	14. MOTHER'S MAIDEN NAME Emma. ?
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. pg or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Barbar Bennett 1804 N. Fulton Ave
F 4 0 11	ANTECEDENT CAUSES  OF COMPRICATION WHICH caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	lestensine Cardio vascular ?
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	nor   21c. WHERE DID (If in Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  WHILE AT WORK  AT WORK	ED 21F. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from 7. 24., 1950, to 8.9., 1950 that I last saw the deceased alive on 8.8., 1950, and that death occurred at 10.000m., from the causes and on the date stated above.  23A SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  400 N. Carrollon  8.10.50	
	Burial Aug 14, 1950 Balto. Nat	
	VS 150	Geo. G. Kelson 1303 Presstmen St.

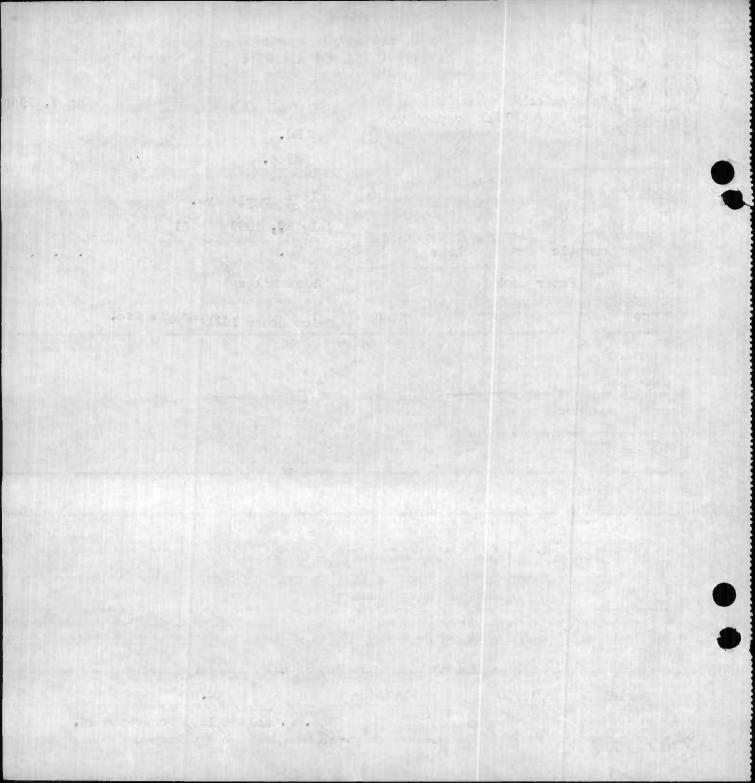


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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 5969 Registered No.

- 01	KIII NO.					
(T	NAME OF DECEASED				2. DATE OF	
3.	PLACE OF DEATH:	e Cook		A USUAL RESIDE	DEATH NCE (Where deceased lived.	Aug 9, 1950
Α.	Baltimore City, Ma	ryland LOZI A	rgyle Ave	A. STATE	B. COUNTY	before admission)
B.	FULL NAME OF (If	not in hospital or institu	tion, give street address or location)	THE REAL PROPERTY OF THE PERTY		
	ISTITUTION		iocation)	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give
V	0			Balto.	/4	1-02
100		Life	Yrs. Mos.	D. STREET ADDRE	SS (If rural, give location)	
C.	Length of stay in B	altimore	Days	7627 4	-la Ama	
5.			E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	10 AV9. AGE (in years	If Under 1 Year   If Under 24 Hours
	F	C	S S	July 39, 18	889 <b>61</b>	Months Days Hours Min.
10	A USUAL OCCUPATIO	N (Givekindof) 10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF
work	done during most Done St	Pen if retired)	home INDUSTRY	Md.		WHAT COUNTRY?
13	FATHER'S NAME			14. MOTHER'S MAI	DEN MANE	
		eter Cook		Julia Mile	SS NAME	
15 (Yes	. WAS DECEASED EVER IN	U, S. ARMED FORCES?	18. SOCIAL SECU <b>NOMO</b> NO.	17. INFORMANT	s 1621 Argyle Av	ADDRESS
`	110		SECONOMO	Daisy Gross	3 1621 ALBATE AV	0.
	18. 443X		CAUSE	OF DEATH		INTERVAL BETWEEN
	77-1	I ONDITION DIRECTLY		o. Deam		DNSET AND DEATH
	LEADIN	G TO DEATH the mode of dying, e.	(	nino	1-4-	9 m
	heart failure, astheni	a the mode of dying, e. a. etc. It means the disea	g., (A)se.	10		1,190
	injury or complicat	ion which caused deat	h.) DUE TO			
	ANTECE	DENT CAUSES				
z		Ungliner.				
0		DITIONS, IF ANY, GIVE CAUSE (A) STATING T		1		
A	UNDERLYING CON					
RTIFICATION			(C)			
느		-11				
		NT CONDITIONS CD				
S		CONDITION CAUSING				
	19A. DATE OF OPERA	TION / 19B. MAJOR	R FINDINGS OF OPER	RATION		20. AUTOPSY?
A						YES NO
DICAL	21A. ACCIDENT WAS		ACE OF INJURY (e.g., i	n or 21c. WHERE D		y, give exact location)
Ш	LYING OR CONTRI CAUSE OF DEATH	BUTING   about home	, farm, factory, street, office bldg.,	tc.) INJURY OCCUP	₹7	
Σ	21D. TIME (Month)	Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F HOW DID	INJURY OCCUR?	
	OF INJURY		WHILE AT NOT WHILE			
		m.	WORK AT WORK			
	22. I hereby certify	that I attended the	e deceased from	1940	, to 9 - 9 , 19	50, that I last saw the
						the date stated above.
	23A. SIGNATURE			38. ADDRESS		23c. DATE SIGNED
	France &	- Jour 1	2 M.D.	0 +0 11	STEED LE	19-1-5-
24		4B. DATE	24C. NAME OF CEMETE	RY DR CREMATORY	24D. LOCATION (City, to	wn, or county) (State)
TIC	ON, REMOVAL (Specify)	8/13/50	Mt Zion		Md.	
-	ATE RECEIVED BY R	0/13/30	Mr 7 TOH	1		ADDRESS
LC	OCAL REGISTRAR	EGISTRAR SIGNAL	27////	Geo. G. Ka	Ison 1303 Presst	man St.
-		EGISTRARIS SIGNAT	- Marie Villa	Elin I	1 Wolse	
A	Ulvs 150 300					
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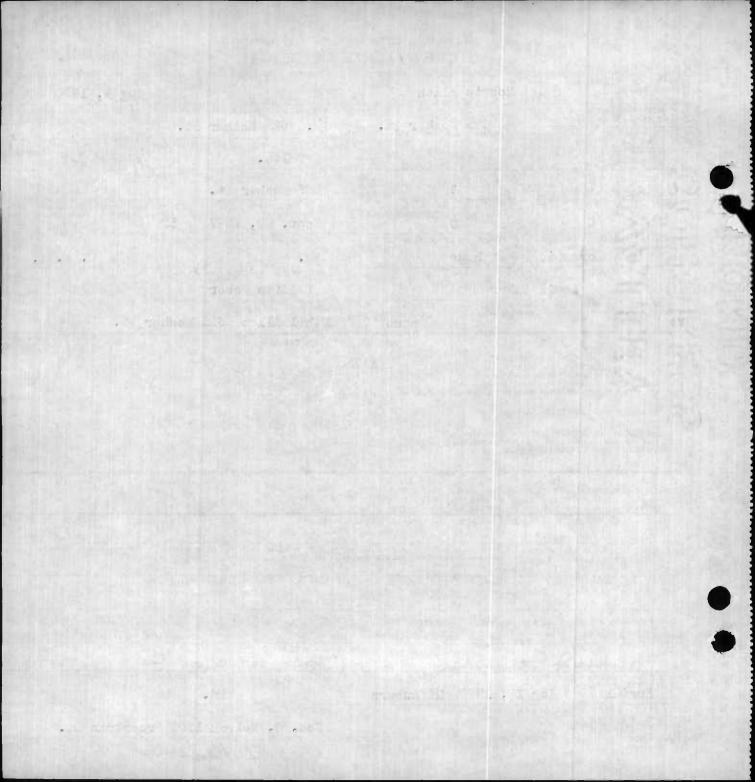
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 6970

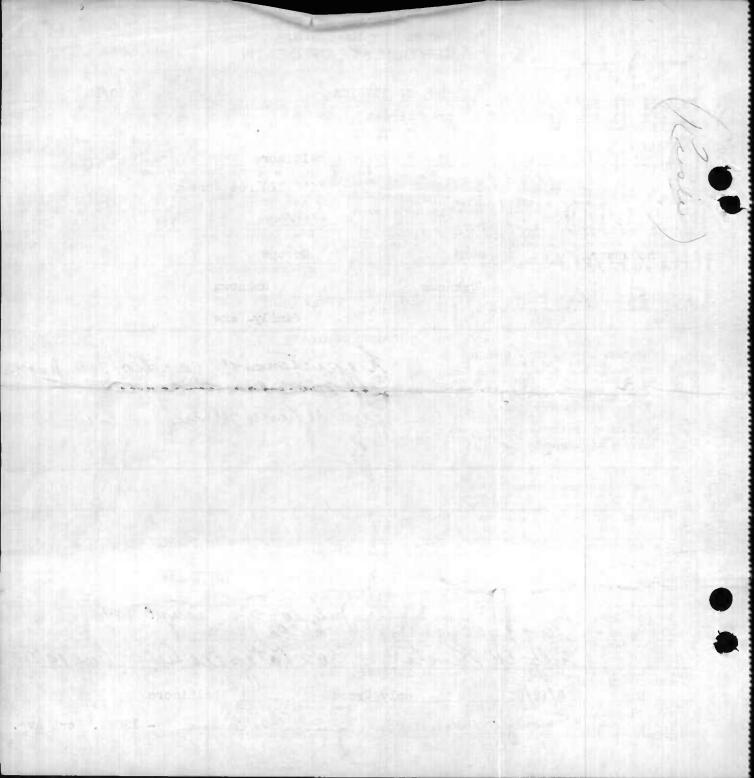
Registered No 269 A 1. NAME OF DECEASED (Type or Print) 2. DATE Bessie Allen OF Aug 9, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence St. COUNTY A. Baltimore City, Maryland before admission) Maryland 625 Mosher St. (If not in hospital or institution, give street address or 625 Mosher B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Balto. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 625 Mosher St. c. Length of stay in Baltimore Days AGE (in years if Under i Year last birthday) Months: Days Hours Min. 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years) 6. COLOR OR RACE 8. DATE OF BIRTH Sept. 22, 1897 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, eyep if retired)
Domestic WHAT COUNTRY? INDUSTRY home Va. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Baker Lillian Dober 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Ethel Allen 625 Mosher St. no none INTERVAL BETWEEN CAUSE OF DEATH 31X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES TION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FICA RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK ? - 9 - 1950, that I last saw the , 1921, to\_ 22. I hereby certify that I attended the deceased from\_\_\_ 7 19 51, and that death occurred at b Pm., from the causes and on the date stated above deceased alive on\_\_\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED many 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Aug 12, 1950 Mt Auburn Md. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Geo. G. Kelson 1303 Presstman St.

VS 150

Lev. H.



RESERVED



D	251
1	50 6972
The	BIRTH NO.  1. NAME OF DECE (Type or Print)
supplied.	3. PLACE OF DEAT
lly sup	B. FULL NAME OF HOSPITAL OR INSTITUTION

UNFADING INK. Every item of information should be Physicians: please write the causes of death clearly and less

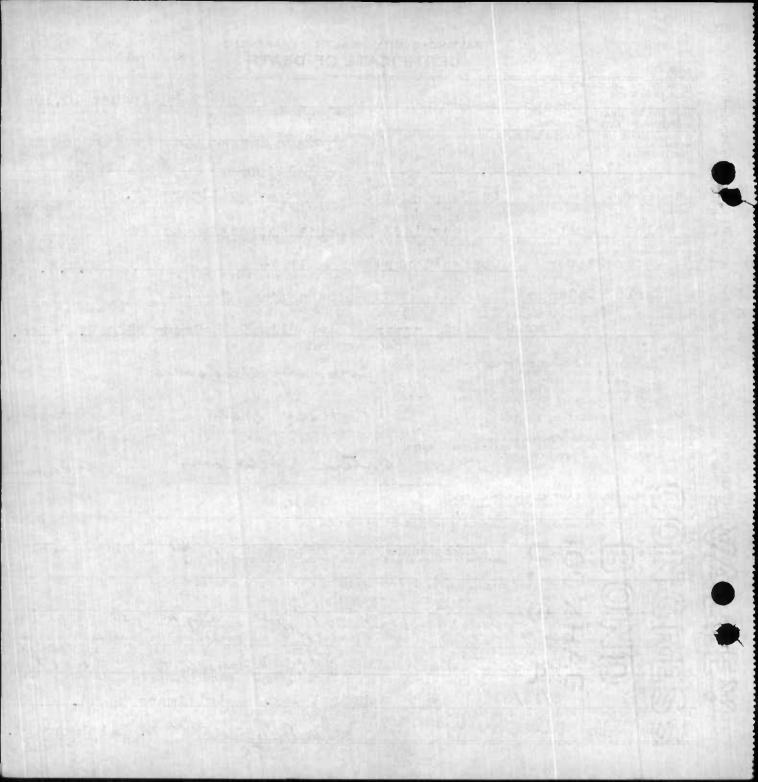
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 6972

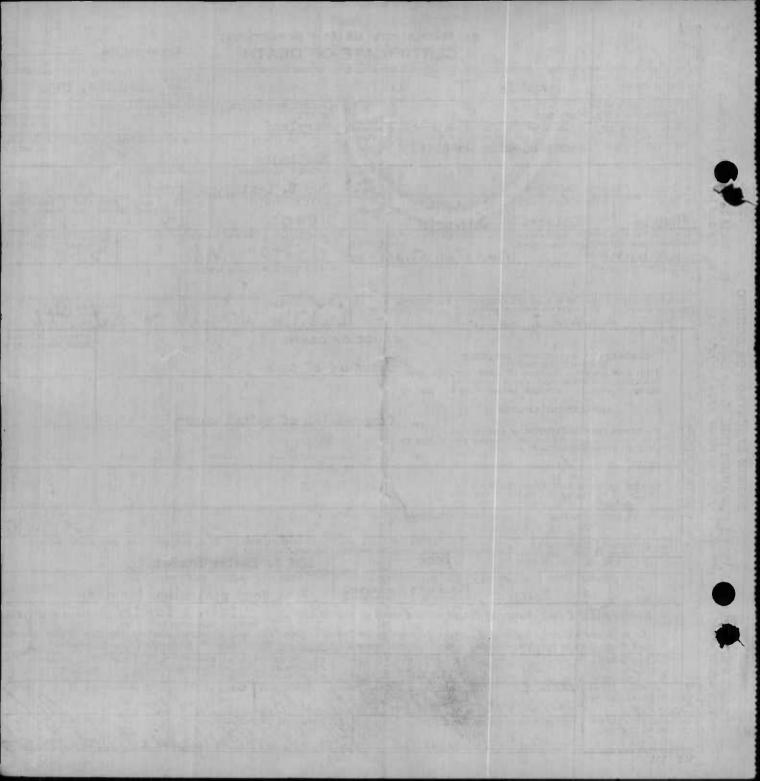
1. (T:	NAME OF DE ype or Print)		D 6			2. DATE OF	mat 10 1050
3.	PLACE OF DE	ATH: ity, Maryland	DaCa	ampo	4. USUAL RESIDENCE		If institution: residence before admission)
В.	FULL NAME O		al or institut	ion, give street address or	Maryland	2, 000,,,,	
	STITUTION			location)	C. CITY OF TOWN (I	outside corporate lin	nits, write RURAL and give township)
2		l E. Chase	St.	\r\\	D. STREET ADDRESS GIF		
4				Yrs. Mos.			
		ay in Baltimore	24 Y	ear s Days	3220 E. Bal		
5.	24 2	6. COLOR OR RACE	MIDOM	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under 1 Year II Under 24 Hours Months Days Hours Min.
	Male	White		Married	April 29 1893	57	
work	done during most of	UPATION (Give kind of working life, even if retired)	10s. KIND	OF BUSINESS OR	11. BIRTHPLACETState or i	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Store	keeper	Conf	ectionary	Italy		TT C A
13	FATHER'S NA	AME			14. MOTHER'S MAIDEN N	AME	O S C S A S
	Carlo	DaCampo			Sebastina F	errara	
15 (Yes	, mo or unknown)	EVER IN U. S. ARME! (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
\	no	non		SECONTIT NO.	Mrs Olimpia	DaCampo 32	20 E. Balto.
	18. 42	0.1.		CAUSE	OF DEATH	tertanistis valualistis kalungalainela aan Ladista	INTERVAL BETWEEN
	DISEASE	OR CONDITION	DIRECTLY		40	ALTERNATION OF THE	ONSET AND DEATH
	(This does	LEADING TO DEA	TH	Co Co	ronary Oce	hesion	5 minuch
	heart failur	e, asthenia, etc. It mea	ans the diseas	se,		***************************************	
	injury or o	complication which	caused dean	1.) DOE 10	4.		5.
_	A	ANTECEDENT CAU	SES	ريون	onary Disc	are	months
6	DISEASES	OR CONDITIONS,	F ANY, GIVI	(B)		***************************************	
E	RISE TO TH	IE ABOVE CAUSE (A)	STATING T		0 0		
S	ONDERE	ING CONDITION L	7511	and	ini Selen	m	Unknow
L.		П		(C)			now
H.		GNIFICANT COND					
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED IT	***************************************		
Ĭ				FINDINGS OF OPER	ATION		20. AUTOPSY?
A							YES NO
OIC	21A. ACCIDEN HOMICIDE	NT. SUICIDE,	21B. PL	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID (	If in Baltimore City	, give exact location)
EDI	HOMICIDE	(bpecity)	about nome,	in mineral lander of the property	Masoliti occonti		
Σ		Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
	22 71		m.	WORK AT WORK	my 1 57 1050 10	ang 10 10	50, that I last saw the
		certify that I at	enaea the	aeceusca from	red at 10 4, m., from	U	the data stated whome
	23A. SIGNATI		, 19 -	and that death occur	3B. ADDRESS	ine causes and on	23c. DATE SIGNED
		T.O /	7-1-0		2942 2. Jan		8/11/57
24				M. D.   24C. NAME OF CEMETE		OCATION (City, to)	vn. or county) (State)
TIC	A. BURIAL. CF	ecify)	150				
-	Burlal	0/14/	S CICNIMAI	New Cathe		Baltimore	ADDRESS
	TE RECEIVED		SOIGNA	liance, Maller	25. FUNERAL DIRECTOR		
	VIIC 1 1 19	50 huma	7	,	Jun H. 11/05an	C3000 E.	Baltimore St.
7	VS 150			00011	1 148%		9110 #24
					/ / 10		



BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print)	ANDREW T. MOORE		2. DATE OF August 8, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryla	and	4. USUAL RESIDENCE (W	There deceased lived, If institution: residen B. COUNTY before admit
HOSPITAL OR	in hospital or institution, give street address of location  Bopkins Hospital		outside corporate limits, write RURAL and town
c. Length of stay in Baltin	Yrs. Mos. More Days		
5. SEX 6. COLOR OR Male Colo	RACE 7. SINGLE, MARRIED, WINDOWED, DIVORCED (Specify	LO DATE OF DIRTU	9. AGE (In years   Moder   Year   M Under 2   Hours   Hours
10A. USUAL OCCUPATION (Gi work done during most of working life, even 13. FATHER'S NAME	vekinded 108 KIND OF BUSINESS OR	11. BIRTHPLACE (State or for 13 14. MOTHER'S MAIDEN NA	d. WHAT COUN
15. WAS DECEASED EVER IN U. S (Yes, no or unknown) (If yes, give w	S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Lucille Wils	ON N. Evetes 201
DISEASE OR COND LEADING T (This does not mean the heart failure, asthenia, et injury or complication  ANTECEDENT	OTTION DIRECTLY O DEATH : mode of dying, e.g., . It means the disease, which caused death.)  T CAUSES  Fract  (A)  Fract  DUE TO	OF DEATH	INTERVAL BET ONSET AND E
DISEASES OR CONDIT	IONS, IF ANY, GIVING USE (A) STATING THE DUE TO	ression of spinal c	ord
OTHER SIGNIFICANT TRIBUTING TO THE DEAT TO THE DISEASE OR CO	H, BUT NOT RELATED		
U 19A. DATE OF OPERATION	1 198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPS
21a. EXTERNAL CAUSE V LINDERLYING A OR COM UTING CAUSE OF D		in or 21c. WHERE DID (If INJURY OCCUR? 120 N. Exeter	in Baltimore City, give exact location) Street 5//
Z 21D. TIME (Month) (Day) OF INJURY	(Year) (Hour)   21E. INJURY OCCURF		occur7 airsteps (inside)
22. I certify that I too the evidence obtain	k charge of the remains described ned by said Autopsy, Inspection or pinion resulted from: natural cause	above, held an Ins	o. & Inquiry thereon and passed died on the day stated as
23A. SIGNATURE	111	238. CHIEF MEDICAL E ASSISTANT MEDICAL E M.D. MEDICAL INVESTIGATO	XAMINER 23C. DATE SIGNED
24A. BURIAL, CREMA- HIGN, REMOVAL (Specify)		Liminal am OC	GATION (City, town, or county) (St
DATE RECEIVED BY   REGIS LOCAL REGISTRAR	STRAR'S SIGNATURE	35 UNERAL DIRECTOR	M. ADDRESS 32

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MARGIN RESERVED FOR BINDING

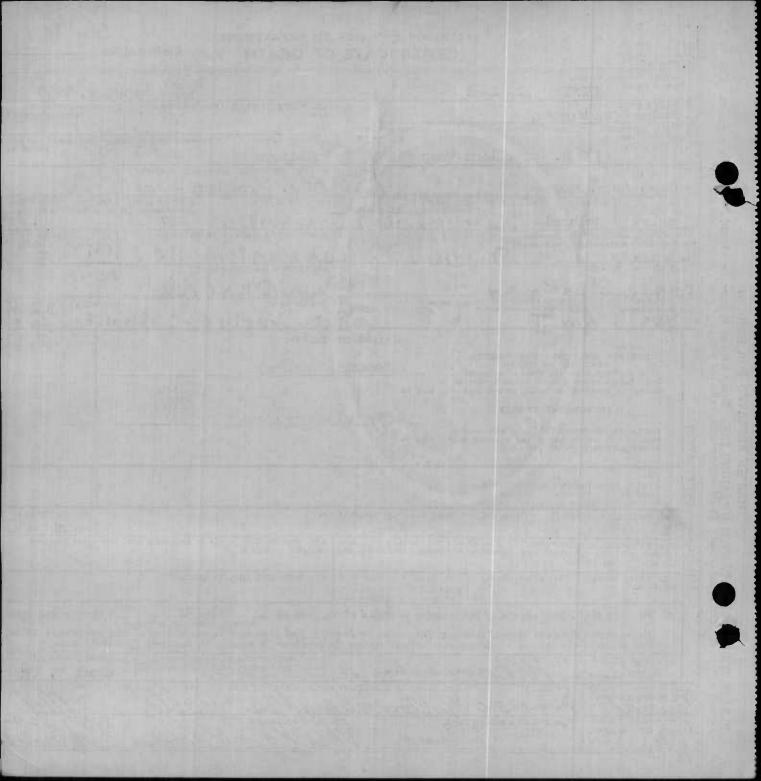


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MARGIN RESERVED FOR BINDING	PLEASE WRY PL. LY, WITH UNFADING INK. Every item of information should be like supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legions.
MARGIN R.	SE WRI PL. LY, WITH UNFADING I

P 436 0 6975 BIRTH NO.

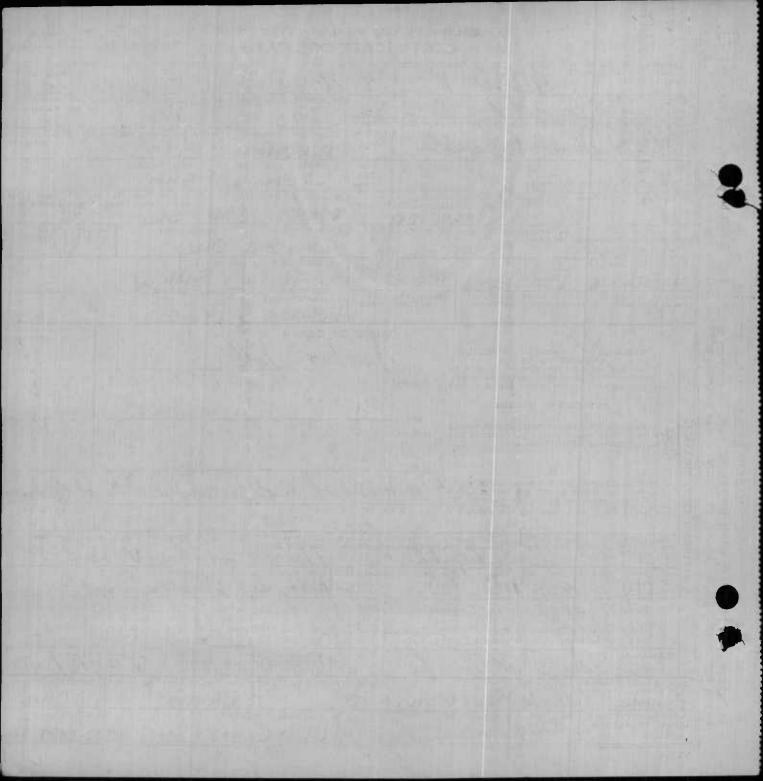
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

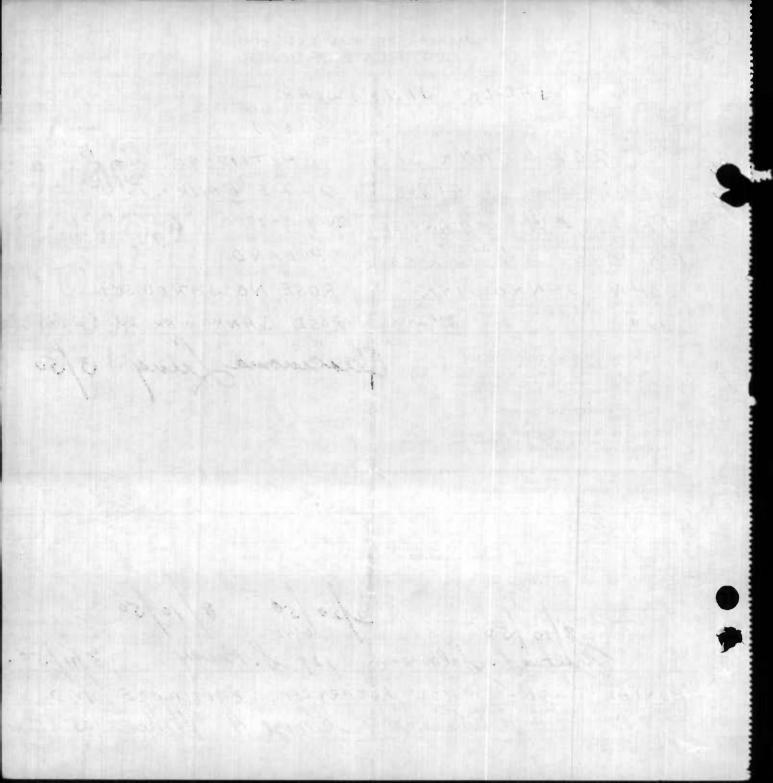
50 6975 Registered No.

1. (T	NAME OF DECEASED  Alma	Plate	r.	2. DATE OF ONG	ut 9 1950.
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst	itution: residence before admission)
	FULL NAME OF (If not in hospital or institutio	n, give street address or		-d	
	STITUTION 059	- I-4	c. CITY OR TOWN	outside corporate limits, w	rite EURAL and give township)
0	001 Lenn	Yrs.		rural, give location)	
	I anoth of stay in Poltimous	Mos.	m-n	14	
min man	Length of stay in Baltimore  SEX [6.COLOR OR RACE] 7. SINGLE.	Days MARRIED,	8 9 9 4 MM		er I Year   H Under 24 Hours
0	E/ WIDOWE	D, DIVORCED (Specify)		last birthday) Month	s Days Hours Min.
10 worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	G1. BIRTHPLACE (State or for	reign country) 12	WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA		1.5.0
	Barrel Comba		1 7	reln.	
15	. WAS, DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17 INFORMANT		DECC
(Ye	(If yee, give war or dates of service)	SECURITY NO.	Bessie man	- 4	ross St.
	18. 472.1	CAUSE	OF DEATH	V	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0.7	Cardia Dil	47.	4 dess
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.	, (A) Claul	i Undiai Mai	rever	10 /
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.		*		
	ANTECEDENT CAUSES	Con	der Vascula	Deser	1 2
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	(B) Cala	no varia	v w	
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
CA	SNEED THE CONTINUE EAST				
THE	II	(C)			_
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE GEATH, BUT NOT RELATED				
O	19A. DATE OF OPERATION   19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
AL	0				YES NO
EDIC		E OF INJURY (e. g., i		f in Baltimore City, give	exact location)
MEI					
	OF INJURY	HILE AT NOT WHILE		OCCUR?	
	m. Į	WORK AT WORK			
	22. I hereby certify that I attended the c	leceased from Cu	7 , 1980, to Cl		hat I last saw the
	deceased alive on 3.19 0. a		rred at 1/ Am., from th		date stated above.
	Herry Slyssman		5 5-3 Mr For	eit St 1	Pur Louisidited
2		AG. NAME OF CEMETE	Y OR CREMATORY 240 LC	OCATION (City, town, or	county. (State)
7	an, removal (specify) 813-13-1	11/2/11/11/11	usn Com 130	Ista-	11101
	ATE RECEIVED BY   REGISTRAR'S SIGNATUR	RE	25 FUNERAL DIRECTOR	1.111. OA A	DORESS 322
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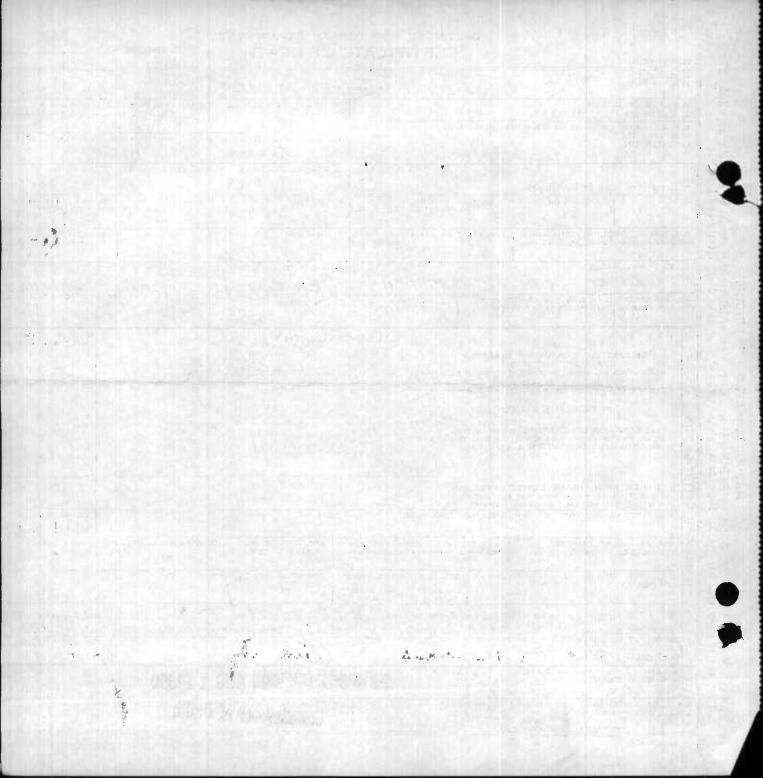
and Cinker Select (12 (12 ) 03 8 . . . . Harry Gurman 253 8 + 258 6

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1)-	6	6076		EALTH DEPARTMENT	Registered	50 6976
e e	BIR	TH NO.	CERTIFICATI	E OF DEATH	registered	kly.
. The		De or Print)	P. Dar	rickson	2. DATE OF DEATH	410 1950
supplied.	A. E	LACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, I	finstitution : residence before admission
	HOS	BUL NAME OF (If not in hospital or inst	ditution, give street address or location)		If outside corporate limi	its, write RURAL and giv
ully y.	6	MINION Merronal You	plal	MECHANIC		township
ce u legibly.	C I	Length of stay in Baltimore	Yrs. Mos.	CREMON	If rural, give location)	6400
	5. 9	EX. 6. COLOR OR RACE   7. SIN	Days GLE, MARRIED. OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGF (In years)	If Under I Year   If Under 24 Hours onths: Days   Hours   Min
and and	(	D' IW I	MARRIED	MAR. 21, 189	4 56	
should early an		one during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY		<b>^</b> .	12. CITIZEN OF WHAT COUNTRY
on s	13.	TOUSEWIFE   OI	NN HOWE	14. MOTHER'S MAIDEN	OH10 NAME	0.2.
information shous of death clearly	1	FRANK PATTERS	La	JULIA	SHAW	
form f dez		WAS DECEASED EVER IN U.S. ARMED FORCES to or uokoown) (If yes, give war or dates of service		17. INFORMANT		ADDRESS
of in	-			HOWARD (.)	NOSOIVAU	LINTERVAL BETWEEN
		18. E978X	7	OF DEATH		ONSET AND DEAT
e it c		DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying,	O I MAR	Mere shell	-an	
very ite th		heart failure, asthenia, etc. It means the di injury or complication which caused d	sease,			
Ever write		ANTECEDENT CAUSES		No. of the last of		
INK.	Z	DISEASES OR CONDITIONS, IF ANY, G				••••••••
G II	ATIO	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	G THE DUE TO			
ADING icians:	FIC	11	(C)			
UNFADING Physicians:	ERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RETO THE DISEASE OR CONDITION CAUSIN	LATED MUMOJE	broke Cardw las	Cula Aseas	Kendel depressed
	13 -		OR FINDINGS OF OPER	RATION		20. AUTOPSY?
WITH rtant.	CAL	21A. EXTERNAL CAUSE WAS _   21B.	PLACE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City,	give exact location)
~ 0	- 1	PRIMARY OR CONTRIBUTING DEbout he CAUSE OF DEATH.	ome, farm, factory, street, office bidg.,	MUNICIPAL MINE	naltospetal.	Ballo 18
Imp	Σ	OF NJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	The land with the	1 10	. A
	-		AT WORK	1 mas a former ca	a hospital and ful	more from Window
especie		22. I certify that I took charge of t		Autopsy	, Inspection or Inquiry	thereon and from
		the evidence obtained by said A and death in my opinion results	utopsy, <u>Inspectio</u> n or <u>I</u> of from: natural causes	inquiry, find that said $\square$ , accident $\square$ , suicid	deceased area on $t$ le $\mathfrak{B}$ , homicide $\square$ ,	ne any statea above $undetermined \square$ .
E WRage is		234. SIGNATURE	buch M	23B. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGA	L EXAMINER	lug 10, 1450
SE at a		BURIAL CREMA 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY   24D.	LOCATION (City, town	
PLEASE correct ag	BAT	URIAL 48-14-1950	WOODLAND	25. FUNERAL DIRECTOR	MOTYA	ADDRESS
P	Loc	TE RECEIVED BY REGISTRAR'S SIGN.	Williams Ma	H.W. JENKIN	S& SONS A	905 YORK RO
	VS 1	51 N-803.2			16	4E V





6978 3.0. 50-21777 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION O. STREET ADDRESS (If rural, give location) Yrs. Mos. EUTAW c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) and 8. DATE OF BIRTH 9. AGE (In years | H Under 1 Year last birthday) Months: Days Hours! Min. plnods information shows IOA. USUAL OCCUPATION (Givekiodof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO causes L'uTHW 2015 Jo item INTERVAL BETWEEN 18. CAUSE OF DEATH FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the Every write th LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. Ö DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE OEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? WITH MLY, WITH important. DICAL YES \_\_ NO 4 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK . 19 10 that I last saw the 19 50 to 22. I hereby certify that I attended the deceased from. 19 50, and that death occurred at 200 deceased alive on. Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ANDRESS 23c. DATE SIGNED WB Dr. age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) LOCATION (City, town, or county) 24B. DATE 24C. NAME OF PLEASE correct DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150 142-1-4 45-4 . 40



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50 6980 CERTIFIC	TY HEALTH DEPARTMENT 50 6980  CATE OF DEATH Registered No.
1. NAME OF DECEASED John Kan	ela 2. DATE CLE 4 19,1950
8. PLACE OF DEATH:  A. Baltimore City, Maryland & B. Full NAME OF (If not in hospital or institution, give street ad HOSPITAL OR INSTITUTION	4. USUAL RESIDENCE (Where deceased lived, Winstitution: residence by COUNTY before admission coation)  C. CITY OR TOWN (If outside corporate limits, write RURAL and provided to the composition)
c. Length of stay in Baltimore	Yrs. Mos. Days  D. STREET ADDRESS (If coral, give location)  Mos. Days
5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIWORCED Murules	(Specify) 8. DATE OF BIRTH 9. AGE (In years of Under I Year Months Days Hours M
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  10 FATHER'S NAME  13. FATHER'S NAME  14. A Phila Wanda	10 BIRTHPLACE (State or foreign country) r  12. CITIZEN OF WHAT COUNTR  14. MOTHER'S MAIDEN NAME
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY	17. INFORMANT Janila, 843 M. Fretterson
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Droucho-Premunia 3 day
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	Cardio. Revallaterlas ?
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF	OPERATION 20. AUTOPSY YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, ferm, factory, street, of	(e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
	CCURRED 21F. HOW DID INJURY OCCUR?  OT WHILE TO THE TOTAL THE TOTA
22. I hereby certify that I attended the deceased from deceased alive on deceased, 1950, and that death 23A. SIGNATURE	h occurred at 3 m., from the causes and on the date stated abo
M	EMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stat
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Jerone Wach 900%. Chesting
VS 150	13D 131a



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The	BIRTH NO.
<u>.</u>	1. NAME OF D (Type or Print)
supplied	3. PLACE OF D
lly su	B. FULL NAME HOSPITAL OR INSTITUTION
d leg.	c. Length of s
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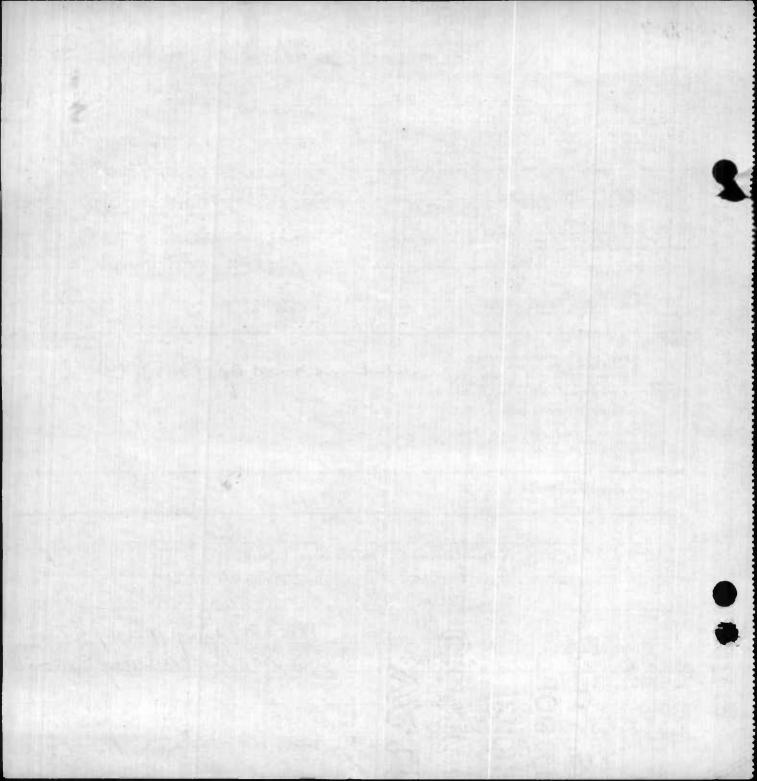
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No ECEASED 2. DATE OF Samuel S. Fleischner Aumot 17 DEATH EATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence City, Maryland 3025 Wendson A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Mindsor Hursing Youe (township) Raltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1992 Primide Drive tay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | ff Under 1 Year last birthday) | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) July 12, 186/ bourdfiv CUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF f working life, even if retired) INDUSTRY WHAT COUNTRY? New York City, New York AME 14. MOTHER'S MAIDEN NAME Ispoid Finishner Lang Hart 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes. no or unknown) SECURITY NO Mrs. Eve M. Lutz. 2002 Parteille Rold INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ED 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK 19\_ 22. I hereby certify that I attended the deceased from. 19 . that I last saw the and that death occurred at 12/5 m. deceased alive on 23A. SIGNATURE 23B. ADDRESS LOCATION (City, town, or county 24A. BURIAL, CREMA-248. DATE 24c. NAME OF CEMETER TION, REMOVAL (Specify) 00077 DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) Frank Jones DEATH August 8, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STAT B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Provident Hospital Balto. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1553 Leslie St. Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | M Under | Year | M Under 24 Hours last birthday) | Months: Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH August 22, 1878 10A. USUAL OCCUPATION (Givekind of II. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none laborer Balto. Md. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nace Smallwood Elizabeth Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 212-16-1070A Nellie Jones 1553 Leslie St. no INTERVAL BETWEEN CAUSE OF DEATH 443X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., In or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from They 1950, to any , 195 that I last saw the deceased alive on Que P, 1950, and that death occurred at If my, from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 24B, DATE Aug 12, 1950 St Peters Burial Md . 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR huntry // // // // Geo. G. Kelson 1303 Presstman S. VS 150

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Bed. & Kelson

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1. NAME OF DECEASED (Type or Print)

ed.	(	(ype or Print) COSEPHINE ALBERT	OF DEAT
afly supplied.	3 A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where decea
sn	B	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	MARYLAND  C. CITY OR TOWN (If outside cor
aff.	. 11	ASTITUTION JOHNS HOPKINS HOSPYTA	C. CITY OR TOWN (If outside eor
		Yrs.	D. STREET ADDRESS (If rural, give
	c	Length of stay in Baltimore Mos. Days	606 M. LAKEWOOD
d bl	5 F	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  EMALE White SINGLE	8. DATE OF BIRTH 9. AGE (last bi
nous	WOI WOI	DA. USUAL OCCUPATION (Give kind of A tone during most of working life, even if retired)  NOTE SINGLE  NOTE SINGLE  INDUSTRY	11. BIRTHPLACE (State or foreign coun
E C	1	none.	Ballimace
OR BINDING item of information should	0	FATHER'S NAME	A. MOTHER'S MAIDEN NAME
DIN		3. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Umna Humm
BINDING of inform	>    (Y	m, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	OHNS HOPKINS HOSPITAL
R BIN	ans	18. 292.4 CAUSE	OF DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A .1=
25.0		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	STIC ANEMIA
VED Even		injury or complication which caused death.) DUE TO	3
000		ANTECEDENT CAUSES	TERMINED CAUSE
RESERVED	NO NO	DISEASES OR CONDITIONS, IF ANY, GIVING	TERMINED CHICSE
G. I.	ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ADING	FIC	(C)	
MARGIN DING		II CONSTITUTE CONSTITUTE	
MA	ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
	1 0	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER.	ATION
WITH	¥ X		
	EDIC	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in ebout home, farm, factory, street, office bldg., e	
NLY	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
		OF INJURY WHILE AT NOT WHILE TO NOT WHILE TO NOT WHILE TO NOT WORK AT WORK	
215		22. I hereby certify that I attended the deceased from 7	7-10 1950/10 8-11
	de	deceased alive on 8-11, 1950, and that death occur	red at 12.2'5 m., from the causes
RI			38. ADDRESS
B §	20 2	4A. BURIAL CREMA-1 24B. DATE / LAC NAME OF GEMETER	TANNS HOPKINS HUSPITT
PLEASE	2 1	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF EMETER	RY OR CREMATORY 24D. LOCATION
EA		ATE RECEIVED BY   REGISTRANS SIGNATURE	25 FUNERAL DIFECTOR
PL	At	PGA 29950R Limited for Villiams 11	42 1W O2

2. DATE Hug 11, 1950

used lived. winstitution; residence OUNTY before admission)

Registered No.

rporate limits, write RURAL and give township)

location)

AVE.

In years If Under I Year II Under 24 Hours rthday) Months Days Hours Min.

12. CITIZEN OF WHAT COUNTRY? try)

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY

YES nore City, give exact location)

, 19 50, that I last saw the and on the date stated above. 23c. DATE SIGNED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

(City, town, or eounty)

(State)

ADDRESS

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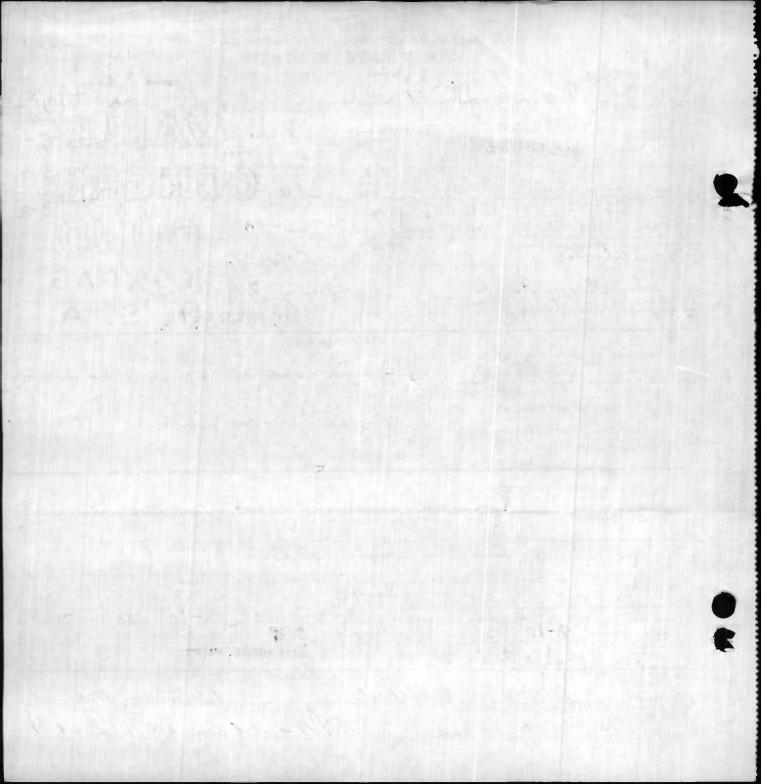
0 5/2 (2022) = Same of the same 23. C. T. S. S. S. 9 1887 KALL THE STREET, ST To land Discourse Course William to The Street WALLES OF ASSESSED IN 1930 Calley Earl

12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES (If in Baltimore City, give exact location) . 1950, that I last saw the 502m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) (State)

before admission)

If Under 24 Hours

If Under I Year



DATE RECEIVED BY LOCAL REGISTRATE AUG 121950

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5.	E	552	BALTIMORE CITY HE	EALTH DEPARTMENT	50 6986			
The	50 6986  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No. 65							
INK. Every item of information should be sfully supplied. blease write the causes of death clearly and lessoly.		NAME OF DECEASED Type or Print)  Mar	aret Simmons	Himboorean	2. DATE OF Aug. 10, 1950			
	A.	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Naryland B. COUNTY before admission				
	H	FULL NAME OF (If not in hosp OSPITAL OR NSTITUTION 4644 Marble	ital or institution, give street address or Hall Road 12	c. CITY OR TOWN (If outside corporate limit), write RURAL and give township				
	c.	. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 4644 Marble Hall Road 12				
	]	Female   6.COLOR OR RACE	WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 12,1869	9. AGE (in years last birthday) Months Days Hours Mir			
	WOL	OA. USUAL OCCUPATION (Give kind k done during most of working life, even if retire Nurse	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  ?  12. CITIZEN OF WHAT COUNTRY				
		James Donighan		14. MOTHER'S MAIDEN NAME Ellen Griffin				
	(Ye	5. WAS DECEASED EVER IN U.S. ARM 10, no or unknown) (If yes, give war or da 110	16. SOCIAL SECURITY NO. One	Mr. Donald Simmons 4644 Marble Hall Rd.				
	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  (A) ARCHIVENCY OF LATH ONSE ONSET AND DEATH ONSET						
UNFADING Physicians: 1	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
WRUTE NLY, WITH	MEDICAL	19A. DATE OF OPERATION 19B. MACR FINDINGS OF OPERATION 20. AUTOPSY?  YES NO  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  CAUSE OF DEATH						
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  WHILE AT NOT WHILE  MORK AT WORK						
		22. I hereby certify that I attended the deceased from Mg (1950, to Mg), 1960, that I last saw the deceased alive on Mg (1960,						
	2. TI	4A. BURIAL CREMA- ON, REMOVAL (Specify) Burial 8/12/	24c. NAME OF CEMETE St. James Cem		ey's Landing A. A. Co.			
PLE,			S'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS ATTA			

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William And China and the Assessed

CERTIFICATE OF DEATH Registered No BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) efully supplied. OF ames DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Chatham HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION HE HOPKING BOSPITAL township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BURTH 9. AGE (in years If Under 1 Year should early and WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. MAN clearly 10A. USUAL OCCUPATION (Givekinder) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information of death cle Savannah, Ga. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Lee Cliett Jr. Alice Patricia Wells BINDIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO causes of 1B. INTERVAL BETWEEN CAUSE OF DEATH FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthonia, etc. It means the disease, EV IV chalmosis injury or complication which caused death.) OUE TO ANTECEDENT CAUSES lease INK. NOIL (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: RTIFICA MARGIN OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH EDICA 218. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) ebout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 1920 that I last saw the 22. I hereby certify that I attended the deceased from 355 1950, and that death occurred at. m., from the causes and on the date stated above. deceased alive on\_ 23B. ADDRE 23A. SIGNATURE 23c. DATE SIGNED BURIAL, CREMA-24B 24c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify DATE RECEIVED BY REGISTRARYS SIGNATURE VS 150

5 4. jart, to Correction demands of the same Sier A A 11-3 , , , 0 -17-3 The state of the s The state of the s

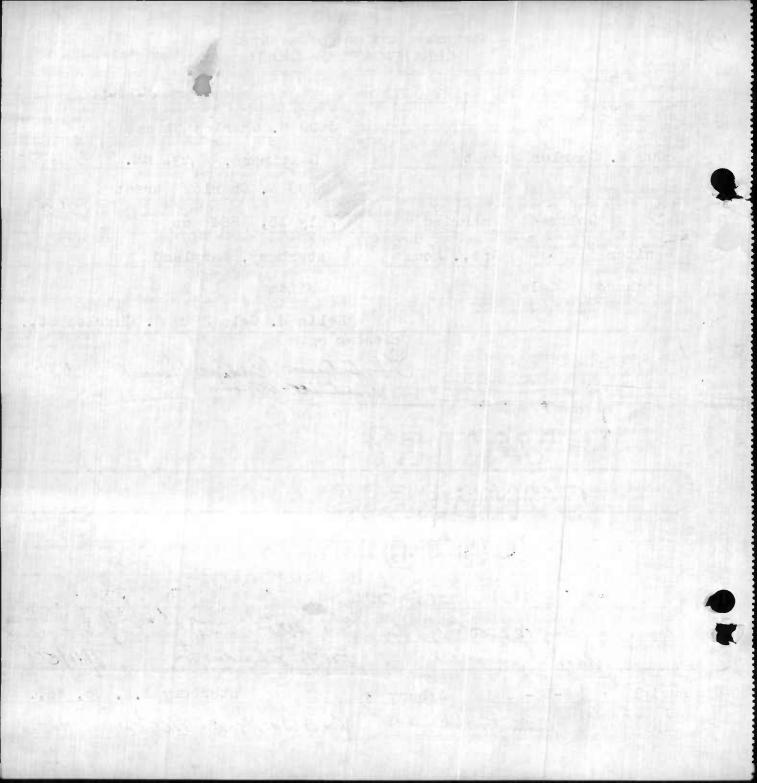
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## BALTIMORE CITY HEALTH DEPARTMENT

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The	BIRTH NO.	3	CERTIF	CAT	E OF DEATH	Regist	ered No.	
	1. NAME OF D (Type or Print)	RICHA	RD HENRY OGLE			2. DATE OF DEATH &	-II-5	<b>v</b>
ippli		City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A STATE B. COUNTY before admission)				
fully supplied ly.	B. FULL NAME HOSPITAL OR INSTITUTION 3209 N		al or institution, give street a	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
fu fu	A)	onaries 5	rreet	Baltimore, Maryland. 12-02-05.  D. STREET ADDRESS (If rural, give location)				
je g	c. Length of s	tay in Baltimore		Mos. Days	3209 N. Charles Street			
uld b	Male	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED MARTIED	8. DATE OF BIRTH  July 15, 1884  9. AGE (in years last birthday) Months: Days Hours Min.				
rmation should death clearly an	anito		Apt, House	Waterbury,		12	CITIZEN OF WHAT COUNTRY?	
information of death cle	13. FATHER'S				14. MOTHER'S MAIDE	EN NAME		
orm	Richa	0-			Eliza	?		
of info	(Yes, no or unknown)	ED EVER IN U.S. ARMEE (If yes, give war or date	FORCES? 16. SOCIAL SECURIT	Lelia B. Og.	le 3209 N.	Char		
em		/3 × 1			OF DEATH		Exercis	INTERVAL BETWEEN ONSET AND DEATH
Every item of i	(This does	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea	dying, e.g., (A)	17/	estensive Car	line Wine	eel	1 gr.
Ever	injury or	complication which c		aya	rent - scen			
IK.	Z O DISEASE	ANTECEDENT CAUS	(8)					
NG INK.	RISE TO T	S OR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA	STATING THE DUE TO				•	
ADING icians:	<u> </u>	- 11						
UNFADING Physicians:	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	•••				
1-1	19A. DATE O	OF OPERATION 0 1	BB. MAJOR FINDINGS C	F OPER	ATION			20. AUTOPSY?
.0	21A. ACCIL	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF INJUR about home, farm, factory, street,			(If in Baltimore	City, give	exact location)
NLY imp	21p. TIME OF INJURY	(Month) (Day) (Year)		OCCURR	-	JURY OCCUR?		
Peck	22. I hereb	y certify that I att	ended the deceased fro		uly 1949 to	· lug 11	1950	hat I last saw the
esp	deceased a	ive on aug 10	1950, and that dea	th decur	redat 9:30 Am., fr	om the fauses and	d on the c	late stated above.
E WRI	23A. SIGNA	Jao, D	ulian	м. р.	511 7). Saluse		2	3C DATE SIGNED
	TION, REMOVAL (S Burial	bedify) 8=I3=5				aterbury A		,
PLEAS correct	DATE RECEIVE	D BY REGISTRAR	s SIGNATURE		Wm. A. JACKS	TOR	A AE	DDRESS
	Mod .	1 11.000			W. V. C. V.	010-1161	CNNI	1. [10E.

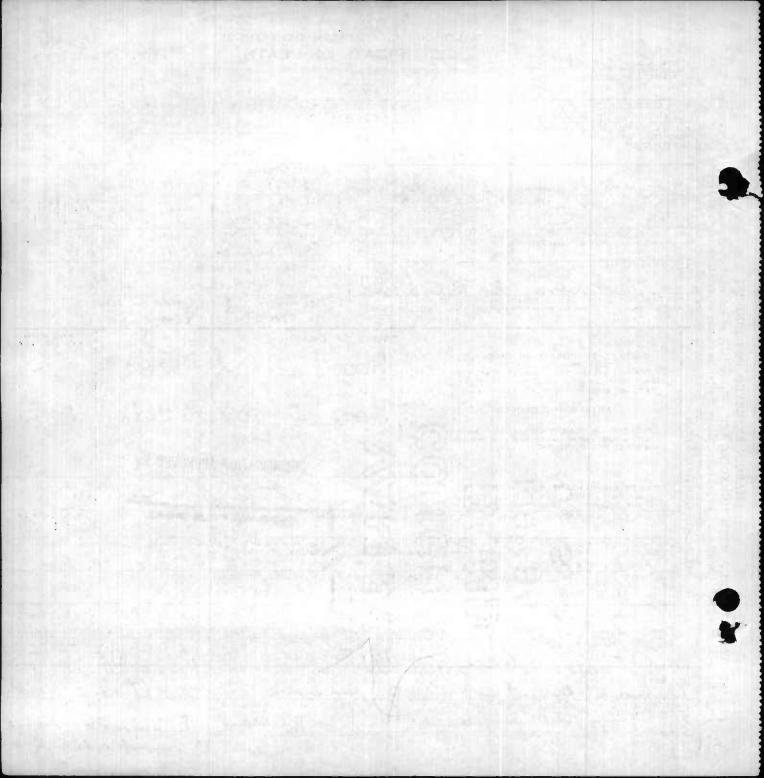
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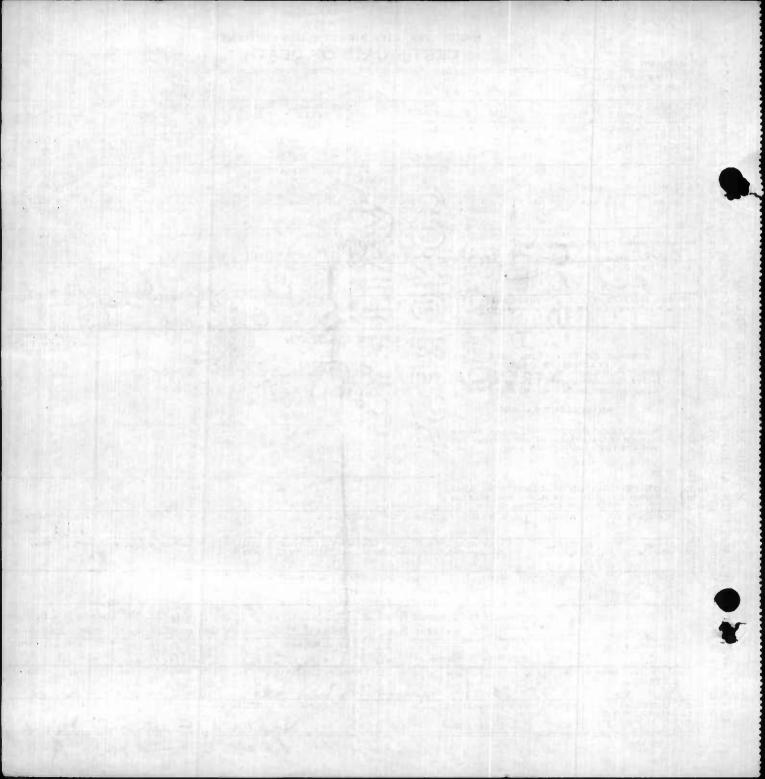
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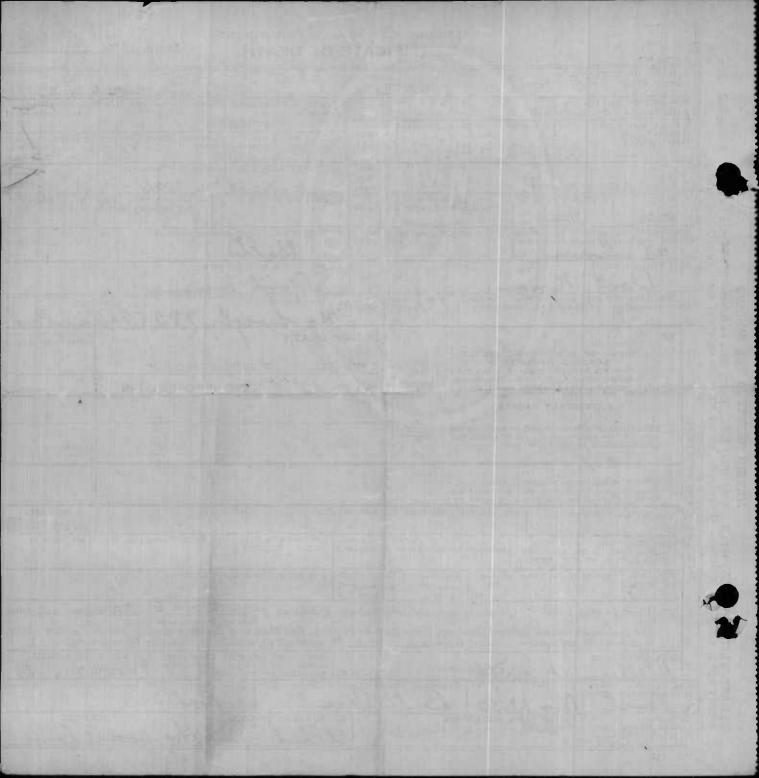
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before admission) (If outside corporate limits, write BARAL and give township) II Under 24 Hours last birthday) | Months; Days | Hours : Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? NO (If in Baltimore City, give exact/location)

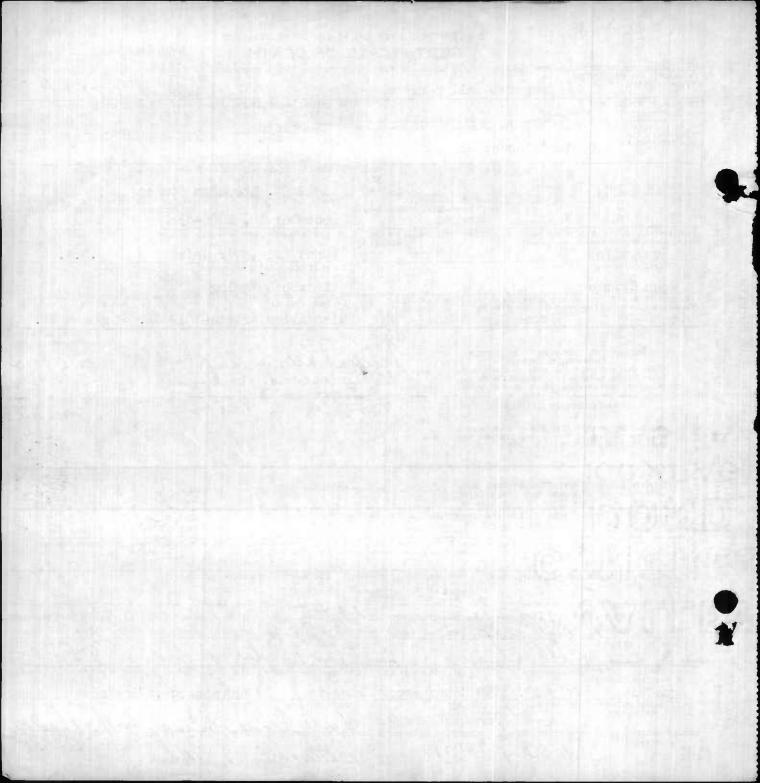


	6992 CERTIFICATI	EALTH DEPARTMENT E OF DEATH	50 Registered No.—	6992			
1.	NAME OF DECEASED (ype or Print)  IDA  CONSELYEA	2	DATE OF Assert	9 2000			
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where	DEATH August e deceased lived. If institu B. COUNTY				
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland	side corporate limits, write				
C	2009 Ashton Street	Baltimore	20-	( township)			
C.	Yrs. Mos. Days	D. STREET ADDRESS (If rura 2009 Ashton					
	SEX   6.COLOR OR RACE   7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)  White   Female		AGE (In years If Under I last birthday) Months I				
10 ork	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		ITIZEN OF HAT COUNTRY?			
13	Part Kann	14. MOTHER'S MAIDEN NAME					
15 Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?  [If yes, give war or dates of service)  [If yes, give war or dates of service)  [If yes, give war or dates of service)	17. INFORMANT	1825 PUL	S			
FICATION	heart feilure eatherie etc It moone the discours						
ERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		O AUTOPSY?			
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., e	a or 21c. WHERE DID (If in INJURY OCCUR?	Baltimore City, give ex	act location)			
Z	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OC	CCUR?				
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry the the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undet							
	AA. BURIAL, CREMA: 24B, DATE 24C, NAME OF CEMETE	B	MINER Augus	7			
	ATE RECEIVED BY REGISTRAR'S SIGNATURE DCAL REGISTRAR  VILLULATOR VILLULATION (MINING)	25. FUNERAL DIRECTOR	ADDI	RESS			
AL V S	JG 1 2 1950 1 A	Ullutorund !	Ton Look U	leng			

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	K-6.	30	1877			5.9	6993	
	/ 50	6993	BAI		E OF DEATH	Registered No		
	IRTH NO.							
(7	NAME OF D Type or Print)	Marga	ret Em	ily Kriete		2. DATE August DEATH	11, 1950	
A		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	stitution : residence before admission	
H	FULL NAME OSPITAL OR NSTITUTION	Doctor s H			c. CITY OR TOWN (If Baltimore	outside corporate limits,	write RURAL and give	
	I anoth of a	A		Yrs. Mos.	D. STREET ADDRESS (If			
1	SEX	tay in Baltimore	7 SINGLE	Days E, MARRIED,	1612 St. Steph	ens Street	det 1 Yeat   If Undet 24 Hours	
	F	W	Mari	Pied (Specify)	December 12, 18	last birthday) Mont	det 1 Yeat Hundet 24 Hours hs Days Hours Min.	
10	A. USUAL OC k done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)   1;	2. CITIZEN OF WHAT COUNTRY	
	Housew B. FATHER'S N	ife		Home	Dunnsville, Vir		U.S.A.	
	John Tr	ible			Elizabeth Warin	C7		
1!	. WAS DECEASE	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		DRESS	
1	No	None	ot service)	None	Miss Alice Kriet			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						2 week	
Z	ANTECEDENT CAUSES pon- Ca of recta						3unt	
ICATION	RISE TO T	S OR CONDITIONS, II HE ABOVE CAUSE (A) /ING CONDITION LA	(	rectum)				
CERTIFIC	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
L	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
DICAL	21. 10010		l ata DI	ACE OF INJURY (e. g., i	n or   21c. WHERE DID (I	f in Baltimore City, giv	YES NO	
MED		R CONTRIBUTING		arm, factory, street, office bldg.,	injury occur?	I in Daimoie Ony, giv		
	OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE		OCCUR?		
-	22 I hamah	as acceptification to the T - 44	m.	WORK ATWORK	1945 10 48	111 105	St	
	deceased al	y certify that I att		and that death occur	rred at 8 m from A	he causes and on the	that I last saw th	
	23A. SIGNA		/ / /		23B. ADDRESS		23C DATE SIGNED	
2.	4A. BURIAL.	CREMA- 24B. DATE	ne	M. O.	3921 Zaller	OCATION (City, town, or	county) (State)	
TI	on, removal (S Removal	July 13.		Rappahanock Ce		ahanock, Virgi		
D	ATE RECEIVE	P BY   REGISTRAR	SSIGNATY		25. FUNERAL DIRECTOR		DDRESS	
	OCAL REGIST	harite.	ugton/	Velliana, M.	Mm. Dickner	Nous Noi	th + Tenna	
U	G 1°3 135	(HW. Sch	eye)n,	10)	Baltimore - 17,	Md. 46	Daves.	

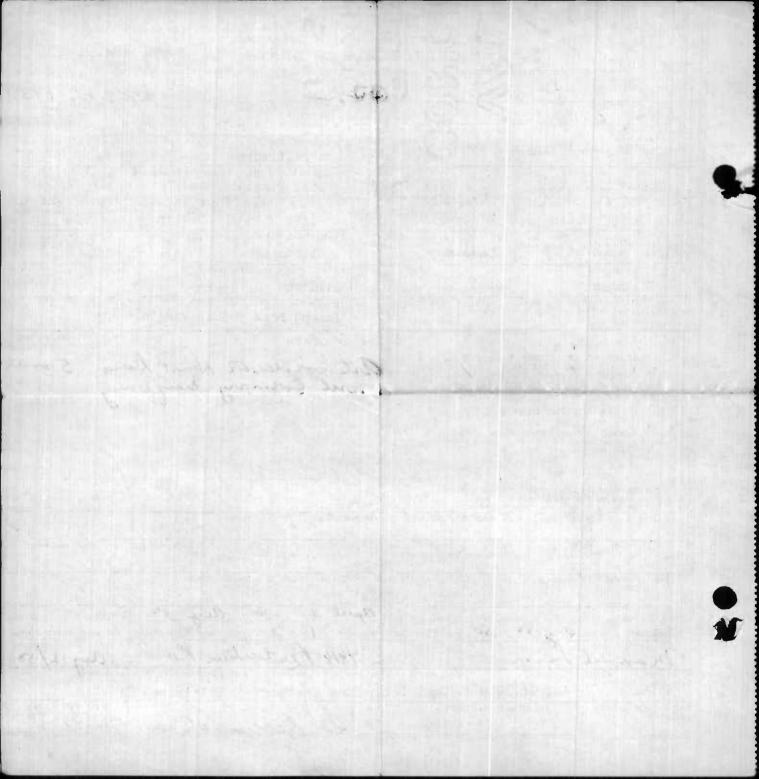


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## BALTIMORE CITY HEALTH DEPARTMENT

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В	IRTH NO.	0004		CERTIFICAT	E OF DEATH	Register	ed No.	
1.	NAME OF D 'ype or Print)	ECEASED Har	ry	1300	6	2. DATE OF DEATH A	U9.12 1950	
	PLACE OF D Baltimore (	EATH: City, Maryland	8		A. STATE	ICE (Where deceased live B. COUNT	ed. le institution: residence y before admission	
H	FULL NAME OSPITAL OR ISTITUTION	3511 Virgi		ion, give street address or location				
C.	Length of s	tay in Baltimore	2	5 yrs Yrs.  Mos. Days	b. STREET ADDRES	s (If rural, give location nia Ave	n)	
	sex Male	6.COLOR OR RACE White	7. SINGLI WIDDW	E. MARRIED. FED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)	) Months Days Hours Min.	
worl Re	A. USUAL OC kdopeduring most etired Me	CUPATION (Give kind of or working life, even if retired)	Jos. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ite or foreign country)	12. CITIZEN OF WHAT COUNTRY	
	FATHER'S				14. MOTHER'S MAIL	DEN NAME		
	Unkn		Bosk		Unknown	Hyatt		
(Ye	5. WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Joseph Bosk 3511 Virginia Ave			
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					0 00	9	
FIC				(C)			Trace Control of the	
CERTI	TRIBUTIN	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	N- ED				
				FINDINGS OF OPER	RATION		20. AUTOPSY?	
EDI	21A. ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)	2 lB. PL/ about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	in or 2 ic. WHERE DIE etc.) INJURY OCCUR	) (If in Baltimore C	ity, give exact location)	
Σ	OF INJURY	(Month) (Day) (Year	m.	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		NJURY OCCUR?		
	22. I hereb	y certify that I at	tended the	deceased from Of	ul 8 , 1950,	to aug. 12,	1950, that I last saw th	
100	deceased a	live on and	, 1950	and that death occu	rred at 12 30 Am., j	from the causes and	on the date stated above	
3	23A. SIGNA	ul Lois		M. D.	18/8 Reenter	storn Ra	23c. DATE SIGNED	
Z TI	4A. BURIAL. ON REMOVAL (S DUTIEL	CREMA- 24B. DATE Aug 13		Ohel Yakov (	Cong Cemetery	24b. LOCATION (City, the Baltimore)	town, or county) (State)	
	ATE RECEIVE OCAL REGIST				25. FUNERAL DIRECT		North and	



PLEASE

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

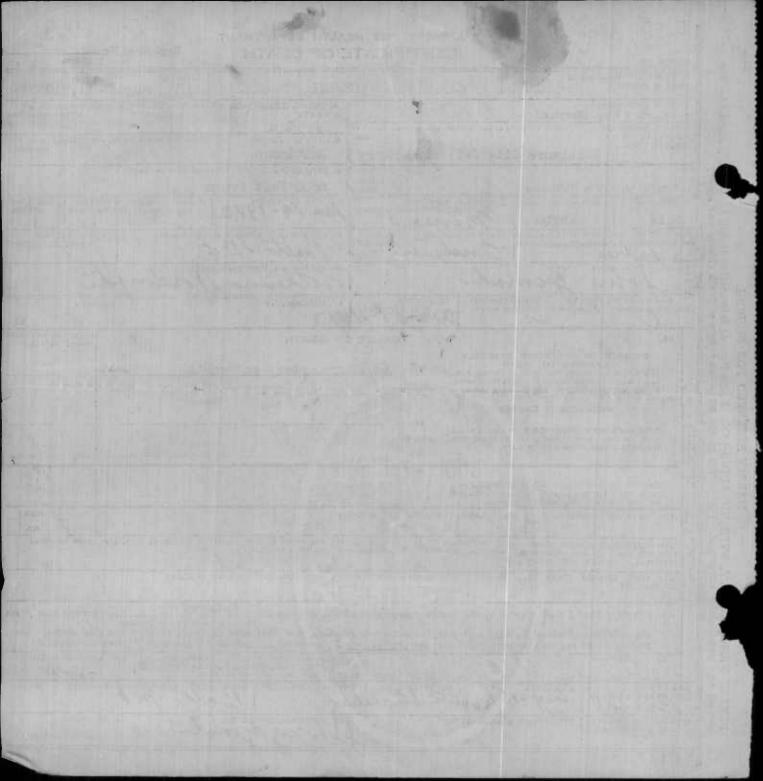
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Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Herbert B. Miller DEATH August 9,1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland Baltimore, City B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 315 1/2 Forrest Street Baltimore, Md. o. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 315 1/2 Forrest Street c. Length of stay in Baltimore Days 9. AGE (In years 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH H Under I Year 7. SINGLE, MARRIED last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 8/15/94 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Miller Mary Harris 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yee, give war or dates of service) SECURITY NO. Yes W.W Mary Miller-315 1/2 Forrest Street INTERVAL BETWEEN 18. OF DEATH 002 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) 11 ER OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT DICAL (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 19 Othat I last saw the 22. I hereby certify that I attended the deceased from Ound that death occurred de deceased alive of m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED TION REMOVAL (Specify purchal DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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B	$\left( -241\right)$	EALTH DEPARTMENT E OF DEATH Registered No.	6996					
(		ENSKI) ZIEMSKI (djm) of August	11, 1950					
A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission]					
H	FULL NAME OF OSPITAL OR NSTITUTION  Baltimore City Jail Dispensary							
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)						
-	Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED,	6800 Fait Avenue	der 1 Year   If Under 24 Hours					
	Male White Married Specify)	fan 19-19/3. last birthday) Month	B Days Hours Min.					
wor	DA. USUAL OCCUPATION (Give kind of k dooe during more of working life, even if retired)  Conshiption  Conshiption	11. BIRTHPLAGE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY					
13	form Jemshi	Katheins Hodonsk	Li					
15 (Ye	5. WAS DECEASED EVER W. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO4		RESS					
ATION	DISEASE OR CONDITION DIRECTLY	OF DEATH DATY artery sclerosis	INTERVAL BETWEEN					
ERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
Ū	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	YES X NO					
EDICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	n or 21c. WHERE DID (If in Baltimore City, give	1					
Σ	OF INJURY  OF INJURY  OF INJURY  (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR)  WHILE AT NOT WHILE  M. WORK							
	22. I certify that I took charge of the remains described a	above, held an Autopsy Autopsy, Inspection or Inquiry	thereon and from					
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> ■, accident □, suicide □, homicide □, undetermined □.							
		ASSISTANT MEDICAL EXAMINER	E-11-50					
Ti	Survey 245. DATE 15/50 St. Hamela	RY OR CREMATORY 240 LOCATION (City, town or Bally M)	county) (State)					
	ATE RECEIVED BY REGISTRAR SIGNATURE OCAL REGISTRAR  ALTER STORY MILITARY MI	13 13 mg dy mile 140 ) a	asien					
V	S 151 9702	94	a ave					



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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

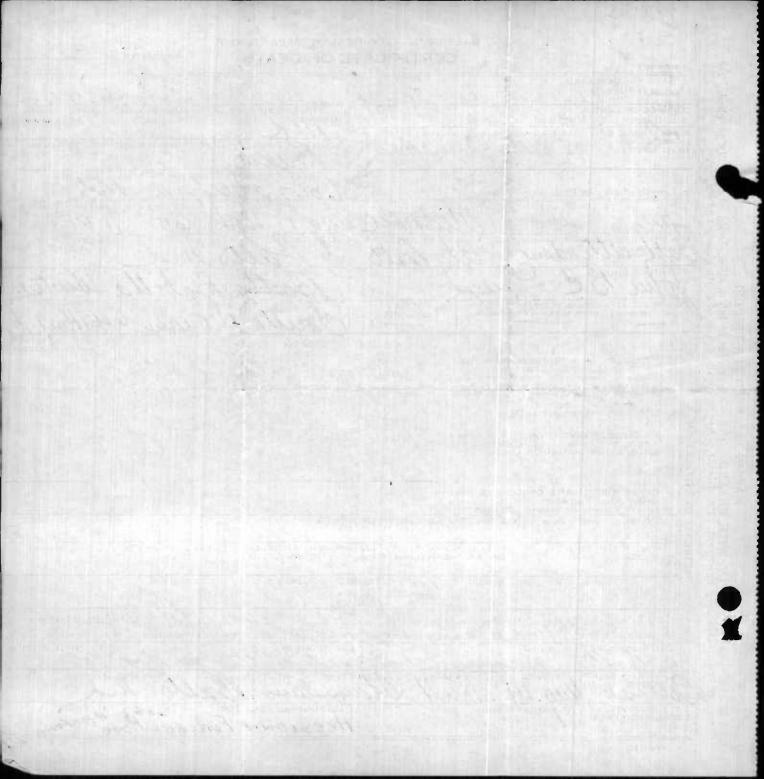
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	IRTH NO. 11)								
(7	NAME OF DECEASED Type or Print)  Ougust	+ D.	Lange.		OF DEATH CLUE	4.11,1950			
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospits	1		4. USUAL RESIDENCE (W	here deceased lived. Los B. COUNTY	nstitution; residence before admission)			
H	OSPITAL OR COLL Ball	1	give street address or location)	c. CITY OF TOWN (If	outside corporate limits,	write RURAL and give township)			
		21	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	7,			
12000	Length of stay in Baltimore SEX 6.COLOR OR RACE	Life	Days	6067 JAM					
2	for w.	1111	MARRIED. D. DIVORCED (Specify)	lug 17. 1885	9. AGE (In lears III) last birthday) Mon	nder I Year II Under 24 Hours that Days Hours Min.			
3	A. USUAL OCCUPATION (Give kind of	10B. KING O	F BUSINESS OR INDICATERY	11. FIRTHPLACE (State or fo	neign country)	2. CITIZEN OF WHAT COUNTRY?			
3	July 5 C. H	mere		14. MOTHER'S MAIDEN NA	Babella	Wintellie			
XY.	WAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates	FORFES?	SOCIAL SECURITY NO.	Toulla De	huan 6	067 Hand b.			
	18. 4/20 1.		CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION LEADING TO DEAT	DIRECTLY	1	1	10. 1.	ONOLI PIND DEATH			
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO								
	ANTECEDENT CAUSES								
ATION	Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,								
ERTIFIC			(C)						
RTI	OTHER SIGNIFICANT CONDI	TIONS CON-							
CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			***************************************				
SAL	19A. DATE OF OPERATION	98. MAJOR FI	INDINGS OF OPER	ATION		YES NO			
MEDICA	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)		E OF INJURY (e. g., in t, factory, street, office bldg., e		f in Baltimore City, gi	ve exact location)			
2	21D. TIME (Month) (Day) (Year) OF INJURY		INJURY OCCURR	2 IF. HOW DID INJURY	OCCUR?				
			DRK NOT WHILE		-/				
	22. I hereby certify that I att			10 , 1950 to		that I last saw the			
	deceased alive on 2	, 1900, an		red at 12 4m., from the	re causes and on the	23c. DATE SIGNED			
	o William 15.0	ooper	I made	outh balle	yen Hoops	8/11/50			
3	BURIAL CREMA- 248. DATE	150 x	If XIW	usalaus 13	all he	(State)			
	ATE RECEIVED BY REGISTRAR'S	S SIGNATURE	4/11.	460 MANN FU	WERTL HA	ADDRESS			
=	5 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	-	11000			10			

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-69.53Registered No. B. COUNTY before admission) (If outside corporate limits, write RURAL and give BURTON Act (in years II Under I Year II Under 24 Hours last birth (day) Months: Days Horrs Min.

12. CITIZEN OF WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSYT

(If in Baltimore City, give exact location)

, 195, That I last saw the , from the causes and on the date stated above.

MATE SIGNED

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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EUNERAL DIRECTOR

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	50	6999	BAI	EALTH DEPARTMEN			
В	RTH NO. 30	-14511		CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF DE 'ype or Print)	CEASED	othe	a Chan	shero-	2. DATE OF DEATH	10 12 50
	PLACE OF DE Baltimore Ci				4. USUAL RESIDENCE		If institution : residence before admission
	FULL NAME O	F (If not in hospit	al or institut	ion, give street address or location)		(Tr	
15	ISTITUTION	HINGON SURGE	8 HOSPITA		C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
c.	Length of sta	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (	If rural, give location)	Due
5	sex	S. COLOR OR RACE		E. MARRIED. /ED. DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE in years last birthday)	If Under 1 Year If Under 24 Hours Ionths Days Hours Min.
1 C	A. USUAL OCC	UPATION Give kind of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
	Fine	Chron	wher.		Dorrela	4	
(Yé	, was DECEASED	EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	PRINS HOSPITAL	ADDRESS
	18. 75	4.4		CAUSE	OF DEATH	A MINISTER	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO							Immediate
	ANTECEDENT CALLERS						
N	M C. C.						Iweck
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) Coarctation 1 the Aorta						3 15 76
IC/				(c) Coar	clarion of The	Horta	sincebuth
TIF	OTHER SIG	II SNIFICANT CONDI	TIONS CON				
CEF	TRIBUTING '	TO THE DEATH, BUT	NOT RELATE	D			
	19A. DATE OF			FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDE	NT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City,	YES ND L
MED	LYING OR CAUSE OF D	CONTRIBUTING		arm, factory, street, office bldg., e			
	OF INJURY	Ionth) (Day) (Year)		2 1E. INJURY OCCURRI	ED 21F. HOW DID INJU	RY OCCUR?	
	22 [ ]	100 17 17 1	m.	WORK AT WORK	- M 1047a	G 12	<b>C</b>
		ve on Lean 1 att	L195 A	deceased from Land that death oecur	redat 9 m. from	the causes and on	hat I last saw the date stated above
	23A. SIGNATU	THE PLANE	Par H	1. 2	3B. ADDRESS	(IKS MACHERA)	23c. DATE SIGNED
24	A. BURIAL, CR	EMA- 24B. DATE		M. D.	RY OR CREMATORY 240.	LOCATION (City, town	
	Bure	al Que 1	3 50	mer ca	evang 6 hs.	1.4.00	unty you
	ATE RECEIVED CAL REGISTRA		SSIGNATU	RE (11.	25. FUNERAL DIRECTOR	on lon -	ADDRESS
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	6-14	50 (001) BALTIMORE CITY HE	EALTH DEPARTMENT		000				
	RIE	CERTIFICAT	E OF DEATH	Registered No.					
	1.	NAME OF DECEASED P	1	2. DATE	1				
		PLACE OF DEATH:	I 4. USUAL RESIDENCE (W)	DEATH ALL 9	titution; residence				
	Α.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE MAL.	B. COUNTY	before admission)				
	HO	SPITAL OR location		outside corporate limits, v	vrite RURAL and give				
4	1	Bar Wel Dav Consalescent Hora	D. STREET ADDRESS (If r	ural, give location)	75/4				
0	C.	Length of stay in Baltimore 40 240, Mos.	21 Cold	Spring de	ane				
		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		9. AGE (in years It the last, birthday) Month	er i Yes: If Under 24 Hours as Days Hours Min.				
5	10	USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 113	CITIZEN OF				
		done during most of working life, even if retired)			WHAT COUNTRY?				
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	-31				
		unknown	unknow						
	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT	ADD 1 Gree 8	RESS				
		18. 4 L/ 2 CAUSE	OF DEATH	LO 1007C	INTERVAL BETWEEN				
2		DISEASE OR CONDITION DIRECTLY							
3		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
77.4		injury or complication which caused death.) DUE TO V Complex Klench Disease							
and	z	ANTECEDENT CAUSES (B)		······					
bre	MOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.							
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SICIO	RTIF	OTHER SIGNIFICANT CONDITIONS CON-							
LILY	CEI	TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
•	AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?				
important.	EDICAL	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office hidg.,		f in Baltimore City, giv	e exact location)				
ndun	ME	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUP?					
2.		OF INJURY WHILE AT NOT WHILE							
pecial		m.   WORK AT WORK  22. I hereby certify that I attended the deceased from	11477,19 to an	4 /0 , 1950	that I last saw the				
esp		deccased alive on 3, 19 Cand that death occurred at 3 m., from the causes and on the date stated above.							
ES I		23A. SIGNATURE M. O.	12223.	eraline 84	23c. DATE SIGNED				
age	24	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY 240, LC	OCATION (City, town, bi	county) (State)				
correct		Bruil lugud 13/5 mt Ca	25 EUNERAL DIRECTOR	. 4. Coun	DORESS				
COL		DCAL REGISTRAR	In Solut	a Felling	Sand to				
A	#	G 1 3 1950 '	112	97. Carr	o ST				
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